

EXHIBIT C

Part 1



Report Status: Final

ORDAZ, LAZARA

Patient Information		Specimen Information	Client Information
ORDAZ, LAZARA DOB: 1958-01-01 Gender: F Phone: NG Patient ID: 52247-066	AGE: 61 Fasting: U	Specimen: TM383719N Requisition: 1037680 Collected: 10/21/2020 / 08:00 EDT Received: 10/22/2020 / 02:47 EDT Reported: 10/27/2020 / 02:37 EDT	Client #: 66002683 31LE999 NEGRON, IVAN L COLEMAN FCC-LOW 846 NE 54TH TERR COLEMAN, FL 33521

Endocrinology

Test Name	Result	Reference Range	Lab
VITAMIN D, 1,25 DIHYDROXY			AMD
VITAMIN D, 1,25 (OH)2, TOTAL	53	18-72 pg/mL	
VITAMIN D3, 1,25 (OH)2	53	pg/mL	
VITAMIN D2, 1,25 (OH)2	<8	pg/mL	

Vitamin D3, 1,25(OH)2 indicates both endogenous production and supplementation. Vitamin D2, 1,25(OH)2 is an indicator of exogenous sources, such as diet or supplementation. Interpretation and therapy are based on measurement of Vitamin D,1,25(OH)2, Total.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Physician Comments:

PERFORMING SITE:

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 49D0221801



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name ORDAZ, LAZARA	Facility FCI Coleman Low	Collected 10/21/2020 13:44
Reg # 52247-066	Order Unit F02-123U	Received 10/22/2020 11:43
DOB 	Provider Karina Franco, MD	Reported 10/22/2020 14:34
Sex F		LIS ID 150204301

CHEMISTRY

Sodium	141	137-148	mmol/L
Potassium	5.4	3.5-5.0	mmol/L
Chloride	103	99-114	mmol/L
CO2	26	22-30	mmol/L
BUN	14	7-22	mg/dL
Creatinine	0.97	0.52-1.04	mg/dL
eGFR (IDMS)	58		
GFR units measured as mL/min/1.73 m^2. If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.			
Calcium	9.6	8.5-10.9	mg/dL
Glucose	100	70-110	mg/dL
AST	35	11-55	U/L
ALT	19	<35	U/L
Alkaline Phosphatase	110	41-133	U/L
Bilirubin, Total	0.7	0.2-1.3	mg/dL
Total Protein	7.6	6.0-8.2	g/dL
Albumin	4.1	3.6-5.1	g/dL
Globulin	3.5	2.0-3.7	g/dL
Alb/Glob Ratio	1.20	1.00-2.30	
Anion Gap	12.1	9.0-19.0	
BUN/Creat Ratio	14.8	5.0-30.0	
Cholesterol	172	<200	mg/dL
Triglycerides	50	10-150	mg/dL
HDL Cholesterol	59	40-60	mg/dL
LDL Cholesterol (calc)	103	0-130	mg/dL
Chol/HDL Ratio	2.9	0.0-4.0	

SPECIAL CHEMISTRY

TSH	4.460	0.465-4.680	uIU/mL
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HEMATOLOGY

WBC	L	3.3	4.8-10.8	K/uL
NRBC%		0.0		%
RBC	L	4.00	4.20-5.40	M/uL
Hemoglobin	L	11.7	12.0-16.0	g/dL
Hematocrit		38.0	37.0-47.0	%
MCV		95.0	81.0-99.0	fL
MCH		29.3	27.0-31.0	pg

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



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Name ORDAZ, LAZARA	Facility FCI Coleman Low	Collected 10/21/2020 13:44
Reg # 52247-066	Order Unit F02-123U	Received 10/22/2020 11:43
DOB 12/17/1958	Provider Karina Franco, MD	Reported 10/22/2020 14:34
Sex F		LIS ID 150204301

HEMATOLOGY

MCHC	L	30.8	32.0-37.0	g/dL
RDW-CV	H	15.4	11.5-14.5	%
Platelet		248	150-450	K/uL
MPV	H	11.6	7.4-10.4	fL
Neutrophils %		38.4		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		52.0		%
Monocytes %		9.0		%
Eosinophils %		0.0		%
Basophils %		0.3		%
Immature Granulocytes %		0.3	0.0-5.0	%
Neutrophils #	L	1.3	1.4-6.9	K/uL
Lymphocytes #		1.7	1.2-3.4	K/uL
Monocytes #		0.3	0.1-0.6	K/uL
Eosinophils #		0.0	0.0-0.7	K/uL
Basophils #		0.0	0.0-0.2	K/uL
Immature Granulocytes #		0.01	0.00-0.50	10^3/uL

HEMOGLOBIN A1C

Hemoglobin A1C	5.6	<5.7	%
5.7 - 6.4 Increased Risk > 6.4 Diabetes			



Report Status: Partial

ORDAZ, LAZARA

Patient Information		Specimen Information	Client Information
ORDAZ, LAZARA AGE: 61 Gender: F Fasting: N Phone: NG Patient ID: 52247-066		Specimen: TM549626M Requisition: 4129157 Collected: 09/29/2020 / 08:40 EDT Received: 10/02/2020 / 03:15 EDT Reported: 10/06/2020 / 07:07 EDT	Client #: 66002683 31LE999 NEGRON, IVAN L COLEMAN FCC-LOW 846 NE 54TH TERR COLEMAN, FL 33521

Test Name	In Range	Out Of Range	Reference Range	Lab
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TEST IN QUESTION-
MISC QUESTION
QUESTION/PROBLEM:

Please clarify the following specimen source/type submitted.

QUESTION: 4446 NO SOURCE
See Endnote 1

TP

TP

CULTURE, ANAEROBIC BACTERIA W/GRAM STAIN

Micro Number: 02055693
 Test Status: Preliminary
 Specimen Source: NOT GIVEN
 Specimen Quality: Adequate
 Gram Stain: Few Budding yeast with pseudohyphae seen
 Few Gram negative bacilli
 Rare epithelial cells
 Few Budding yeast seen

Result: No anaerobes isolated to date, continuing incubation.

TP

CULTURE, AEROBIC BACTERIA

Micro Number: 02055694
 Test Status: Final
 Specimen Source: NOT GIVEN
 Specimen Quality: Adequate
 Result: A mix of non-predominating organisms of questionable significance was recovered on culture and not further identified. (Note: Growth did not detect the presence of S.aureus, beta-hemolytic Streptococci or P.aeruginosa).

Endnote 1 REQUESTED INFORMATION _____

AUTHORIZED SIGNATURE _____

TO PREVENT FURTHER DELAYS IN TESTING, PLEASE COMPLETE INFORMATION ABOVE AND FAX TO 610-271-4823 TO RESOLVE THIS ORDER.

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L HORTIN,MD,PHD, CLIA: 10D0291120

CLIENT SERVICES: 866.697.8378

SPECIMEN: TM549626M

PAGE 1 OF 1

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 Springfield, MO 65807
 417-874-1621

*** Sensitive But Unclassified ***

Name	ORDAZ, LAZARA	Facility	FCI Coleman Low	Collected	03/09/2020 12:05
Reg #	52247-066	Order Unit		Received	03/10/2020 10:00
DOB	1977-01-01	Provider	Karina Franco, MD	Reported	03/10/2020 12:49
Sex	F			LIS ID	070201327

CHEMISTRY			
Sodium		139	137-148 mmol/L
Potassium	H	5.1	3.5-5.0 mmol/L
Chloride		105	99-114 mmol/L
CO2		27	22-30 mmol/L
BUN		14	7-22 mg/dL
Creatinine		1.03	0.52-1.04 mg/dL
eGFR (IDMS)		54	
GFR units measured as mL/min/1.73 m^2. If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.			
Calcium		9.3	8.5-10.9 mg/dL
Glucose		94	70-110 mg/dL
AST		29	11-55 U/L
ALT		14	<35 U/L
Alkaline Phosphatase		103	41-133 U/L
Bilirubin, Total		0.3	0.2-1.3 mg/dL
Total Protein		7.2	6.0-8.2 g/dL
Albumin		3.9	3.6-5.1 g/dL
Globulin		3.3	2.0-3.7 g/dL
Alb/Glob Ratio		1.20	1.00-2.30
Anion Gap	L	7.0	9.0-19.0
BUN/Creat Ratio		13.8	5.0-30.0

CHEMISTRY, URINE			
Microalbumin, Urine Random		<0.6	mg/dL

SPECIAL CHEMISTRY			
T4, Free		1.26	0.78-2.19 ng/dL
TSH		2.090	0.465-4.680 uIU/mL

HEMATOLOGY			
WBC	L	4.6	4.8-10.8 K/uL
NRBC%		0.0	%
RBC	L	3.93	4.20-5.40 M/uL
Hemoglobin	L	11.3	12.0-16.0 g/dL
Hematocrit		37.3	37.0-47.0 %
MCV		94.9	81.0-99.0 fL
MCH		28.8	27.0-31.0 pg
MCHC	L	30.3	32.0-37.0 g/dL

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



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*** Sensitive But Unclassified ***

Name	ORDAZ, LAZARA	Facility	FCI Coleman Low	Collected	03/09/2020 12:05
Reg #	52247-066	Order Unit		Received	03/10/2020 10:00
DOB	1977-07-07	Provider	Karina Franco, MD	Reported	03/10/2020 12:49
Sex	F			LIS ID	070201327

HEMATOLOGY

RDW-CV	H	14.7	11.5-14.5	%
Platelet		246	150-450	K/uL
MPV	H	11.7	7.4-10.4	fL
Neutrophils %		61.1		%
Therapeutic decision making should be based on absolute values, rather than percentages				
Lymphocytes %		30.0		%
Monocytes %		8.1		%
Eosinophils %		0.0		%
Basophils %		0.4		%
Immature Granulocytes %		0.4	0.0-5.0	%
Neutrophils #		2.8	1.4-6.9	K/uL
Lymphocytes #		1.4	1.2-3.4	K/uL
Monocytes #		0.4	0.1-0.6	K/uL
Eosinophils #		0.0	0.0-0.7	K/uL
Basophils #		0.0	0.0-0.2	K/uL
Immature Granulocytes #		0.02	0.00-0.50	10^3/uL

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: <input type="text"/>	Provider: Coleman, W. RN	Facility: COL	Unit: F08
Encounter Date: 01/09/2020 13:45			

Nursing - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Coleman, W. RN

Chief Complaint: Medical Trip Return

Subjective: Med Trip Return Orthopedist

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/09/2020	13:45 COX	98.2	36.8	Oral	Coleman, W. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/09/2020	13:45 COX	61	Via Machine		Coleman, W. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/09/2020	13:45 COX	18	Coleman, W. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/09/2020	13:45 COX	110/69				Coleman, W. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/09/2020	13:45 COX	99		Coleman, W. RN

ASSESSMENT:

No Significant Findings/No Apparent Distress

Med Trip Return Orthopedist. Received left shoulder steroid injection. Plan: gradual increase in activities to tolerance, home exercise program 3 times per week (exercise packet given to inmate); MRI left shoulder, F/U after diagnostic testing.

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Orthopedist	04/10/2020	04/10/2020	Routine	No	

Subtype:

Off-site, non-surgical appt

Reason for Request:

Seen on 1/8/20 for left shoulder pain: received injection; Plan: MRI left shoulder; f/u after diagnostic testing

Disposition:

Follow-up at Sick Call as Needed

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 12/17/1958	Facility: COL
Encounter Date: 01/17/2020 07:50	Unit: F08

ROM/strength:
wnl

Gait:
unremarkable

Balance/proprioception:
not tested

Special Test:
repeated trunk extension centralized low back pain
lumbar support sitting decreased low back pain

Treatment:
Home exercise instruction

ASSESSMENT:

M/S Impairment Assoc w/ Localized Inflammation

Assessment:

Pt. presents with intermittent low back pain that is aggravated with static positions. Insidious flare up of low back pain x 6 months. She did have decreased pain with repeated trunk extension and lumbar support sitting. Pt. may benefit from conservative treatment to include repeated movement and lumbar support sitting. She has been instructed in home exercise plan.

Pt. goal:
To decrease pain and/or improve function

LTG:
Pt. will be independent with home exercise plan

PLAN:

Disposition:

Follow-up in 1 Month

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/17/2020	Counseling	Diagnosis	Singleton, U.	Verbalizes Understanding
01/17/2020	Counseling	Compliance - Treatment	Singleton, U.	Verbalizes Understanding
01/17/2020	Counseling	Exercise	Singleton, U.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Singleton, U. DPT on 01/22/2020 12:08

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth: 11/11/1971	Provider: Singleton, U. DPT	Facility: COL
Encounter Date: 01/17/2020 07:50		Unit: F08

Physical Therapy - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Singleton, U. DPT

Chief Complaint: Back Pain

Subjective: Referral:

60 y/o female patient who is f/u for low back pain. Lumbar spine x ray: Moderate degenerative disc disease and facet arthropathy at L5-S1. Mild to moderate degenerative disc disease throughout the remainder of the lumbar spine from L1-L5, mild grade 1 anterolisthesis of L4-L5.

Subjective:

Pt. reports with c/o low back pain x 6 months. There is no known cause. She has increased pain with prolonged sitting. Diagnostic testing stated in referral. Current pain 7/10

Pt. Goal:
to decrease pain

Pain: Yes

Pain Assessment

Date: 01/17/2020 07:54

Location: Back-Lower

Quality of Pain: Aching

Pain Scale: 7

Intervention: evaluation

Trauma Date/Year:

Injury: activity and posture

Mechanism:

Onset: 2-6 Months

Duration: 2-6 Months

Exacerbating Factors: sitting

Relieving Factors: position change

Reason Not Done:

Comments:

OBJECTIVE:

Exam Comments

Observation:
posterior pelvic tilt, decreased lumbar lordosis

Palpation:
central low back pain

Red Flags/signs of infection:
no red flags

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1/24/1971	Sex:	F
Note Date:	01/24/2020 11:58	Race:	BLACK
		Provider:	Franco, Karina MD
		Facility:	COL
		Unit:	F08

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Franco, Karina MD

Chart review for Ortho consult
 Left shoulder pain
 AC joint dislocation
 Patient received shoulder injection
 needs f/u with MRI

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Radiology	02/07/2020	02/07/2020	Routine	No	

Subtype:

MRI - Routine - OFFSITE

Reason for Request:

61 y/o female patient Seen on 1/8/20 for left shoulder pain: received injection; Plan: MRI left shoulder; f/u after diagnostic testing.

Provisional Diagnosis:

left shoulder pain
 dislocation AC joint
 impingement syndrome of left shoulder

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 01/24/2020 12:04

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: / /	Provider: Singleton, U. DPT	Facility: COL	Unit: F08
Encounter Date: 02/14/2020 07:30			

Physical Therapy - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Singleton, U. DPT

Chief Complaint: Back Pain

Subjective: Pt. reports that she still has pain, but not as bad as it use to be. She has pain 1 time per week

Pain: No

OBJECTIVE:

Exam Comments

Home exercise program review

ASSESSMENT:

M/S Impairment Assoc w/ Localized Inflammation

RESPONSE TO TX:

Pt. reports that she is feeling better and doing some of the exercises.

DEMONSTRATED/VERBALIZED UNDERSTANDING OF HEP:

intermittent compliance with home exercise

PROGRESS TOWARDS GOALS:

Pt. reports pain 1 time per week. She will benefit from compliance with ex plan. Progress as tol

PLAN:

Disposition:

Follow-up in 1 Month

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
02/14/2020	Counseling	Compliance - Treatment	Singleton, U.	Verbalizes Understanding
02/14/2020	Counseling	Exercise	Singleton, U.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

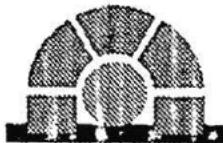
Completed by Singleton, U. DPT on 02/14/2020 07:36

From: 8882044535 Page: 2/10 Date: 1/8/2020 1:07:38 PM

Florida Musculoskeletal Institute
 910 Old Camp Road Bldg 110 Ste 112 THE VILLAGES FL 32162
 (352) 753-4366 (352) 728-2603

Patient Name	DOB	Age	Gender	Order #	MRN #
LAZARA ORDAZ		61 Yr. 0 Mo. 22 Days	Female	ORD 40688	37720
Address		Phone		Patient Provider	Date Printed
PO BOX 386 HENDERSONVILLE TN Sumner 37077				Chelsy Fazio	01/08/2020
Lab Reference #	Date Collected		Date Ordered	Time Reported	
	1/8/2020 1:39:24 PM		1/8/2020 1:39:23 PM		
Accession #	Receiving Facility		Fasting	Referred By	
			N		
Sample By					
Lab Comment	Lab Comment not Provided.				
Ordering Provider	NPI		Date Printed	Signature	
Chelsy Fazio	1942725098		08/01/2020 01:58 PM	CFazio	

From: 8882044535 Page: 7/10 Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL, 32161
(352) 753-4366

John A. Cowin, M.D.
Karsden S. Weher, D.P.M.
Carl O. Ollivierre, M.D.
Chelsky Fazin, ARNP, FNP-C

DIAGNOSTIC TESTS

Date	Test	Comments
1/8/2020 1:15:44 PM	X-RAY	
1/8/2020 1:39:23 PM	MRI	

X-ray LEFT SHOULDER: Grade III ac joint separation with mild degenerative changes. Moderate joint space narrowing.

From: 8882044535 Page: 6/10 Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL, 32161
(352) 753-4366

John A. Cowin, M.D.
Karsten S. Weber, D.P.M.

Carl O. Ollivierre, M.D.
Chelsy Fazio, ARNP, FNP-C

DIAGNOSIS

M25.512 Pain in left shoulder
S40.122D Dislocation of acromioclav jt, 100%-200% displacmnt subs
S40.012A Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M75.52 Bursitis of left shoulder
M75.42 Impingement syndrome of left shoulder

ORDERS THIS VISIT

Date	Test	Comment
1/8/2020 1:15:44 PM	X-RAY	
1/8/2020 1:39:23 PM	MRI	

PLAN

1. Gradual increase in activities to tolerance
2. Injection as above
3. MRI left shoulder.
4. Home exercise program 3 times per week, exercises enclosed. Please provide to patient so that she may keep at bedside.
5. 99213 OFFICE OUTPT ESTABLISHED
7303C RADEX SHO COMPL MINIMUM 2 VIEWS
20310 ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA
J1100 Dexamethasone sodium phos
6. Home Exercise Program - Rotator Cuff Strain
7. F/J: after diagnostic testing

CFazio

Chelsy Fazio ARNP
01/08/2020

Seen under the supervision of Dr Ollivierre

From: 8882044535 Page: 5/10 Date: 1/8/2020 1:07:38 PM



FLORIDA
Musculoskeletal
INSTITUTE

910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL, 32161
(352) 753-4366

John A. Cowin, M.D. Carl O. Ollivierre, M.D.
Kurtis S. Weber, D.P.M. Chelsy Fazio, ARNP, FNP-C

Oxcarbazepine 600mg tablet,
Sig: 1 tab qhs, Ref: 0
Verapamil hydrochloride 80mg
tablet, Sig: 1 tab bid, Ref: 0
Vitamin d 1000units tablet
1000IU, Sig: 1 tab qd, Ref: 0

Smoking Unknown if ever smoked
Status

ROS: A FULL REVIEW OF SYSTEMS HAS BEEN COMPLETED AND IS ON FILE
01/08/2020

PHYSICAL EXAM

MENTAL STATUS: Alert and oriented. Mood is calm and affect is appropriate.
Vitals Height: 5'7" Weight: 162 Temp: 98.6 BMI: 25.4

LEFT SHOULDER:

No erythema, edema, or ecchymosis.
Mild crepitus appreciated.
Mildly tender upon palpation of glenohumeral joint.
Significantly tender upon palpation of RC tendon insertion.
ROM with stiffness/discomfort during IR/ER, and above horizontal.
Sharp pain reproduced with elbow flexed and abducted from midline to 50°.
Neer's, Apley's, Cross-arm, Lift-off (+)
NVI.

PROCEDURES

SHOULDER INJECTION

The left shoulder was prepped in the usual sterile fashion, and 6cc's (3cc/dexamethasone and 3cc/bupivacaine with epi) were injected into the subacromial area.
The procedure was well tolerated and there were no complications.
The patient was cautioned to report any unusual signs including, but not limited to, severe pain, swelling and redness.

99213 OFFICE OUTPT ESTABLISHED
73030 RADEX SHO COMPL MINIMUM 2 VIEWS
20610 ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA
J1100 Dexamethasone sodium phos

From: 8882044535 Page: 4/10 Date: 1/8/2020 1:07:38 PM



910 Old Camp Rd Bldg 110 Suite 112
The Villages, FL, 32161
(352) 753-4366

John A. Cowin, M.D.
Kirsten S. Weber, D.P.M.
Chelsy Fazio, ARNP, FNP-C

Carl O. Ollivierre, M.D.

This note was generated through speech recognition software and may contain errors due to phonetic misinterpretation.

FOLLOW-UP VISIT

NAME:	LAZARA ORDAZ	DATE:	01/08/2020
ACCOUNT#:	37720		
REFERRED BY:		AUTO ACCIDENT:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
AGE:	61 Years	LITIGATION:	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
SEX:	Female		

CHIEF COMPLAINT:

Follow up left shoulder pain

PATIENT DATA:

- Patient continues to have pain but denies any new injury.
- She denies constant pain and states it's mostly with movement.

HPI:

f/u LEFT SHOULDER PAIN. steroid injection from previous visit was very effective until about a month or so ago. Patient continues to experience a grinding sensation in the shoulder and is unable to lay on the affected side. Notes weakness and limited range of motion secondary to aching discomfort. She also reports frequent sharp, stabbing pain with position changes. Interested in a steroid injection today.

MEDICAL HISTORY:

Surgical: Shoulder Surgery :left 2008

Social History: Alcohol - Unknown

Employment: Full Time

Marital Status: Single

Medical: Shoulder Injury
Dry Eye
Hypothyroidism
Hypertension

Family History: Parents: Father-Deceased: Father
Parents: Mother-Deceased: Mother
Diabetes
Back Problems

Meds: Ferrous gluconate 325mg
tablet 325mg, Sig: 1 tab qd,
Ref: 0
Levothyroxine sodium 75mcg
tablet, Sig: 1 tab qd, Ref: 0
Meloxicam 7.5mg tablet, Sig: 1
tab qd, Ref: 0

Allergies: ..No Known Drug Allergies

From: 8882044535 Page: 3/10 Date: 1/8/2020 1:07:38 PM

52247-0666



RADIOLOGY ORDER - MRI		
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John A. Cowin, MD

Date: 01/08/2020 Exam Date:

Carl O. Ollivierre, MD, FACS

FACILITY:

Chelsy Fazio, ARNP

PATIENT NAME: LAZARA ORDAZ

Date of Birth:

Karsten Weber, DPM

Contact Address: PO BOX 386

CSZ: HENDERSONVILLE TN 37077

ACCOUNT #: 37720

SS#:

Phone:

Primary Insurance: HEALTH COST SOLUTIONS Primary SDF
Plan: Subscriber ID:

Primary

Subscriber

Group:

Secondary
Insurance Plan:Secondary
Subscriber ID:

Secondary

Subscriber

Group:

Height: 5'7"

Weight: 162

REASON FOR EXAM: Follow up left shoulder pain

EXAM:

DIAGNOSIS: M25.512 Pain in left shoulder
S43.1220 Dislocation of l acro nioclav jt, 100%-200% displacmnt, subs
S46.012A Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
M75.52 Bursitis of left shoulder
M75.42 Impingement syndrome of left shoulder

EXAMINATION: MRI LEFT SHOULDER without contrast

THE VILLAGES
910 Old Camp Road
Bldg. 110, Suite 112
The Villages, FL 32162
352-753-4366
FAX: 352-753-5681

WORKERS' HEALTH CENTERS
The Villages: 352-753-6566
FAX: 352-753-6371

APPOINTMENT DATE: 01/08/2020

APPOINTMENT TIME:

C Fazio

Chelsy Fazio 01/08/2020
ARNP

LAZARA ORDAZ, 01/08/2020

Page 1 of

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Facility:	COL
Note Date:	12/17/2020 11:03	Provider:	Festa, M. APRN
		Unit:	F01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Festa, M. APRN

Patient was seen within 24 hours by other medical staff, the documentation of patient assessments is in the paper roster flow sheet that is kept by the IDC at the institution. Inmate has remained in quarantine with daily assessment that includes temperatures and signs/symptoms. As per the staff member who performed the assessment within 24 hours and the documented in the paper flow sheet his temperature was 96 F. She has 2 negative RT-PCR test, including one quest test and 14 days of negative CDC symptoms. Furthermore, the inmate does not have any of the following CDC symptoms related to COVID-19 disease that include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The inmate had daily temperatures screening during the quarantine period that were within normal limits as per the paper roster flow sheets. The inmate has been asymptomatic during the quarantine period as per the paper roster flowsheets. Therefore, as per the Clinical Director designee (Dr. Negron) this inmate is cleared from medical Standpoint

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Festa, M. APRN on 12/17/2020 11:04

Requested to be cosigned by Negron, Ivan MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 1971-01-01	Provider: Gopal, Swapna APRN	Facility: COL	Unit: F01
Encounter Date: 12/07/2020 12:00			

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Gopal, Swapna APRN

Chief Complaint: Skin Problem

Subjective: 61 yr old presents to the clinic with c/o rash on left arm and on abdomen, hx of eczema. Inmate reports usually when she is in stress she gets rash, previously she took steroids. She c/o that rash is itchy and red. DENies any other complaints. Denies any allergy. DENies sob,cough,chest pain and cough

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
12/07/2020	17:20 COX	97.2	36.2		Gopal, Swapna APRN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
12/07/2020	17:20 COX	85			Gopal, Swapna APRN

Respirations:

Date	Time	Rate Per Minute	Provider
12/07/2020	17:20 COX	18	Gopal, Swapna APRN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
12/07/2020	17:20 COX	110/73				Gopal, Swapna APRN

SaO2:

Date	Time	Value(%)	Air	Provider
12/07/2020	17:20 COX	98		Gopal, Swapna APRN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Comments

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 12/07/1970	Facility: COL
Encounter Date: 12/07/2020 12:00	Unit: F01

Left arm has erythematous, hives, pruritic and also on left side of the abdomen has pruritic erythematous, hives present.

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)	12/07/2020 12:00
Prescriber Order: use as directed Orally -four times a day x 6 day(s)		
Indication: Dermatitis/eczema due to unspecified cause		
Start Now: Yes		
Night Stock Rx#: 1019966-cox		
Source: Night Stock		
Admin Method: Self Administration		
Stop Date: 12/13/2020 11:59		
MAR Label: day(s)		
One Time Dose Given: No		

Disposition:

Follow-up at Sick Call as Needed

Other:

use Medrol dose pack as directed and f/u if rash not getting better.

Practice stress reduction techniques like yoga, meditation and deep breathing exercises.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/07/2020	Counseling	New Medication	Gopal, Swapna	Verbalizes Understanding
12/07/2020	Counseling	Plan of Care	Gopal, Swapna	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Gopal, Swapna APRN on 12/07/2020 17:31

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/02/1966	Provider: Criswell, Linda PA-C	Facility: COL	Unit: F16
Encounter Date: 10/02/2020 15:27			

Mid Level Provider - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Criswell, Linda PA-C

Chief Complaint: Upper Extremity Pain

Subjective: returns from trip for MRI of shoulder.

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
10/02/2020	15:26 COX	96.2	35.7		Criswell, Linda PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/02/2020	15:26 COX	72			Criswell, Linda PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
10/02/2020	15:26 COX	12	Criswell, Linda PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/02/2020	15:26 COX	95/54				Criswell, Linda PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
10/02/2020	15:26 COX	99		Criswell, Linda PA-C

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR)

ASSESSMENT:

Shoulder (pain in joint, shoulder region), 719.41 - Current

PLAN:

Disposition:

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 11/11/1971	Facility: COL
Encounter Date: 09/29/2020 09:09	Unit: F16

Exam:**Neck****General**

Yes: Within Normal Limits, Supple, Symmetric

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Exam Comments

some purulent drainage noted

culture was taken

ASSESSMENT:

Cutaneous abscess, unspecified, L0291 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>		<u>Order Date</u>
	Amoxicillin Capsule		09/29/2020 09:09
<u>Prescriber Order:</u> 500 Orally - three times a day x 7 day(s)			
Indication: Cutaneous abscess, unspecified			
Start Now: Yes			
Night Stock Rx#: 1007416-cox			
Source: Night Stock			
Admin Method: Self Administration			
Stop Date: 10/06/2020 09:08			
MAR Label: day(s)			
One Time Dose Given: No			

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Wound/Abscess Additional Information: tongue	One Time	09/29/2020 00:00	Today

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/29/2020	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/1/1970			Facility: COL
Encounter Date: 09/29/2020 09:09		Provider: Franco, Karina MD	Unit: F16

Consultation - Initial visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Open Wound(s)

Subjective: Female patient who is c/o a mass on her tongue with 3 days evolution, she notice some drainage and is painful, she states the same happen to her before when she had done a piercing. She denies any difficulty passing the food, no sob, no fever, no cough or any other symptoms.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/29/2020	13:28 COX	98.0	36.7		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/29/2020	13:28 COX	59			Franco, Karina MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/29/2020	13:28 COX	14	Franco, Karina MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/29/2020	13:28 COX	118/76				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/29/2020	13:28 COX	100		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Mouth

General

Yes: Within Normal Limits

Mucosa

Yes: Within Normal Limits

Tongue

Yes: Growth/Mass(es), Evidence of Piercing

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: -----			Facility: COL
Encounter Date: 09/24/2020 08:44		Provider: Franco, Karina MD	Unit: F16

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Chronic Care Clinic

Subjective: 61 y/o female patient who is for her CCC

Patient has history of anemia, hypothyroidism, HTN, sciatic, vertigo, vitamin D deficiency and depression. Today she is c/o wake up at night several times, her roommate said she snores a lot lately and she is feeling very tired during the day, she is also c/o bilateral knee pain. She is taking all her medication without any side effects. Last labs from 3/2020 TSH WNL, CMP GFR 54, MICRO WNL, CBC HGB 11.3. Patient denies any sob, chest pain, abdominal pain, diarrhea, constipation, depression, hallucinations, suicidal ideations or any other symptoms.

Pain: No

Seen for clinic(s): Endocrine/Lipid, Gastrointestinal, General, Hypertension, Orthopedic/Rheumatology

ROS:

General

Constitutional Symptoms

Yes: Fatigue

No: Anorexia, Chills, Easily Tired, Fever

Cardiovascular

General

Yes: Within Normal Limits

No: Angina, Cold Extremities, Cough, Edema

Pulmonary

Respiratory System

Yes: Within Normal Limits

No: Cough - Dry, Cough - Productive, Dyspnea, Hx Asthma

Endocrine

General

Yes: Within Normal Limits

No: Hair Changes, Palpitations, Polydipsia, Polyphagia, Polyuria

Psychiatric

General

Yes: Within Normal Limits

No: Mood Impaired, Anxious, Panic Attacks, Sleep Impaired, Energy Impaired

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/24/2020	08:51 COX	96.9	36.1		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/24/2020	08:51 COX	66			Franco, Karina MD

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 10/17/1950
 Encounter Date: 09/24/2020 08:44

Sex: F Race: BLACK
 Provider: Franco, Karina MD

Reg #: 52247-066
 Facility: COL
 Unit: F16

Exam:

Yes: Appropriate

Thought Content

Yes: Within Normal Limits, Appropriate, Goal Directed

No: Compulsive, Obsessive, Phobias, Anxious

ASSESSMENT:

Anemia, unspecified, 285.9 - Current

Hypertension, Unspecified essential, 401.9 - Current

Hypothyroidism unspecified, 244.9 - Current

Sciatica, 724.3 - Current

Adjustment disorder, F4320 - Current

Vertigo of central origin, H8149 - Current

Vitamin D deficiency, E559 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
961108-COX	Ferrous Gluconate 324 (5 GR) MG Tab	09/24/2020 08:44
<u>Prescriber Order:</u> Take one tablet by mouth each day with food x 365 day(s)		
Indication: Anemia, unspecified		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	04/01/2021 00:00	Routine
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-T4, Free			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile (CMP)			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Knee-2 View AP/Lat [Bi]	One Time		10/08/2020	Routine

Specific reason(s) for request (Complaints and findings):

bilateral knee pain

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Specialty Procedure - In house	10/08/2020	10/08/2020	Routine	No	
Subtype:					
Sleep Study					
Reason for Request:					
61 y/o female patient who is c/o wake up many times at night, she snores a lot and feels very tired, she has history of HTN					
Provisional Diagnosis:					
R/O SLEEP APNEA					

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
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Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Facility:	COL
Encounter Date:	09/24/2020 08:44	Unit:	F16

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
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Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/24/2020	08:51 COX	106/69				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/24/2020	08:51 COX	99		Franco, Karina MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
09/24/2020	08:51 COX	158.0	71.7		Franco, Karina MD

Exam:**General****Appearance**

Yes: Appears Well, Alert and Oriented x 3

Head**General**

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Neck**General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary**Auscultation**

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Peripheral Vascular**Legs**

No: Homan's Sign, Calf Tenderness, Pitting Edema, Non-pitting edema

Abdomen**Palpation**

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity, Tenderness on Palpation

Neurologic**Cranial Nerves (CN)**

Yes: Within Normal Limits, CN 2-12 Intact Grossly

Mental Health**Grooming/Hygiene**

Yes: Appropriate Grooming

Affect

Yes: Appropriate

Mood

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Facility:	COL
Note Date:	09/23/2020 14:35	Provider:	Franco, Karina MD
		Unit:	F16

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Franco, Karina MD

Chart review for optometry consult
 HTN and Cataracts OU
 f/u in 12 months

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Optometry	09/01/2021	09/01/2021	Routine	No	
Subtype:					
Onsite					
Reason for Request:					
Chart review for optometry consult					
HTN and Cataracts OU					
f/u in 12 months					

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 09/23/2020 14:36

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 1970-01-01	Facility: COL
Encounter Date: 09/02/2020 11:28	Unit: F16

Exam:**Auscultation**

Yes: Clear to Auscultation
 No: Crackles, Rhonchi, Wheezing

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Abdomen**Palpation**

Yes: Within Normal Limits, Soft
 No: Guarding, Rigidity, Tenderness on Palpation

Mental Health**Grooming/Hygiene**

Yes: Appropriate Grooming

Affect

Yes: Appropriate

Mood

Yes: Appropriate

ASSESSMENT:

Anemia, unspecified, 285.9 - Current

Headache, 784.0 - Current

Hypertension, Unspecified essential, 401.9 - Current

Hypothyroidism unspecified, 244.9 - Current

Adjustment disorder, F4320 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	FLUoxetine HCl Capsule	09/02/2020 11:28
	<u>Prescriber Order:</u> 10mg Orally - daily x 180 day(s)	
	Indication: Adjustment disorder	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
961112-COX	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (1000 UNIT) by mouth each day x 365 day(s)	
	Indication: Vitamin D deficiency	
989743-COX	LevoTHYROXINE Sodium 75 MCG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
989744-COX	Meloxicam 7.5 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (7.5 MG) by mouth each day with food (objective findings) x 180 day(s)	

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: _____	Provider: Franco, Karina MD	Facility: COL	Unit: F16
Encounter Date: 09/02/2020 11:28			

Physician - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Headache

Subjective: 61 y/o female patient who is c/o frequent headaches in the last few weeks, she admits been down lately, she is been loosing weight also. She denies any sob, chest pain, abdominal pain, diarrhea, anxiety, suicidal ideations or any other symptoms.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
09/02/2020	11:36 COX	96.5	35.8		Franco, Karina MD

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
09/02/2020	11:36 COX	59			Franco, Karina MD

Respirations:

Date	Time	Rate Per Minute	Provider
09/02/2020	11:36 COX	16	Franco, Karina MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
09/02/2020	11:36 COX	123/79				Franco, Karina MD

SaO2:

Date	Time	Value(%)	Air	Provider
09/02/2020	11:36 COX	100		Franco, Karina MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
09/02/2020	11:36 COX	158.3	71.8		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Neck

General

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 08/10/2020 14:24

Sex: F Race: BLACK
 Provider: Welti, Mary ARNP

Reg #: 52247-066
 Facility: COL
 Unit: F16

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Welti, Mary ARNP

Chief Complaint: INFECTIOUS DISEASE

Subjective: This inmate was placed in isolation on 07/16/2020 to CAMP Level F4 facility due to positive documentation of COVID symptoms and COVID 19 testing via rapid test on 07/16/2020 was positive. She was entered into isolation on 07/16/2020. She has remained in isolation for a total of 25 days. She is now being evaluated for discharge from isolation. She does not have any of the following CDC symptoms related to COVID 19 disease that include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The inmate had temperatures and Pulse oxygensations for the last 25 days that were within normal limits. The inmate has been asymptomatic for 10 days or more, fever has been WNL for more than 24 hours and has not taken any fever reducing medications, and has had improvement and resolution of all symptoms.

Pain: Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/10/2020	14:26 COX	96.9	36.1		Welti, Mary ARNP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/10/2020	14:26 COX	84			Welti, Mary ARNP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/10/2020	14:26 COX	18	Welti, Mary ARNP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/10/2020	14:26 COX	120/86				Welti, Mary ARNP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/10/2020	14:26 COX	98		Welti, Mary ARNP

Exam:

General

Appearance

Yes: Appears Well

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 10/11/1970
 Encounter Date: 09/02/2020 11:28

Sex: F Race: BLACK
 Provider: Franco, Karina MD

Reg #: 52247-066
 Facility: COL
 Unit: F16

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Indication: Low back pain, lumbago, Sciatica	
989745-COX	OXcarbazepine 600 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s)	
	Indication: Low back pain, lumbago, Sciatica	
989746-COX	Verapamil HCl 80 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	
933502-COX	hydroCHLORothiazide 25 MG Tab	09/02/2020 11:28
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth each day x 180 day(s)	
	Indication: Vertigo of central origin	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-V-Vitamin D (Calcitriol) 1,25-Dihydroxy	One Time	09/18/2020 00:00	Routine

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/02/2020	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding
09/02/2020	Counseling	Plan of Care	Franco, Karina	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 09/02/2020 11:59

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/10/1971	Facility: COL
Encounter Date: 08/10/2020 14:24	Unit: F16

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

ROS Comments**ROS:**

General Constitutional Symptoms No: Anorexia, Chills

HEENT Eyes Yes: Within Normal Limits

Cardiovascular General Yes: Within Normal Limits

Pulmonary Respiratory System Yes: Within Normal Limits

GI General Yes: Within Normal Limits

GU General Yes: Within Normal Limits

Exam Comments

General: Affect Pleasant and cooperative.

Skin: WNL Dry and intact.

Head: Symmetry of motor function, Atraumatic/Normocephalic

PERRLA, normal consensual reaction, normal near reaction

Neck: WNL, supple, symmetric, trachea midline.

Pulmonary: Thorax: Inspection WNL with normal thoracic expansion, normal diaphragmatic excursion, Clear to auscultation without crackles, rhonchi, wheezing, or pleural rub. Normal expiratory flow on auscultation.

Cardiovascular: Observation WNL. Normal Rate, Regular Rhythm without tachycardia, bradycardia, irregular rhythm, or cardiopulmonary distress. Auscultation: Regular Rate and

ASSESSMENT:

Confirmed case COVID-19, U07.1 - Current

PLAN:**Disposition:**

Discharged to Housing Unit with Convalescence

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
08/10/2020	Counseling	Plan of Care	Welti, Mary	Verbalizes Understanding

COVID 19 +
Signs and Symptoms resolved
Isolation greater than 10 days
Return to Unit

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Welti, Mary ARNP on 08/10/2020 14:33

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	10/17/1971	Sex:	F
Note Date:	07/17/2020 13:21	Race:	BLACK
		Provider:	Criswell, Linda PA-C
		Facility:	COL
		Unit:	F16

Admin Note - Orders encounter performed at Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Criswell, Linda PA-C
seen in isolation unit. continues to report vertigo.

ASSESSMENTS:

Other peripheral vertigo, H81399 - Current

New Medication Orders:

Rx#	Medication	Order Date
	Meclizine HCl Tablet	07/17/2020 13:21
Prescriber Order: one Orally - Two Times a Day x 10 day(s)		
Indication: Other peripheral vertigo		

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Criswell, Linda PA-C on 07/17/2020 13:22

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 1971-01-01			Facility: COL
Encounter Date: 07/16/2020 12:58		Provider: Franco, Karina MD	Unit: F16

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: No Complaint(s)

Subjective: Female patient who is for evaluation due to positive COVID 19 rapid test. Patient is without any complains. She denies any sob, chest pain, abdominal pain, diarrhea, constipation, blood in stools, chills, fever or any other symptoms.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/16/2020	12:59 COX	98.2	36.8		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/16/2020	12:59 COX	77			Franco, Karina MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/16/2020	12:59 COX	14	Franco, Karina MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/16/2020	12:59 COX	105/73				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/16/2020	12:59 COX	99		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Neck

General

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F Race: BLACK	Reg #: 52247-066
Date of Birth: 1971-05-05	Provider: Pippin, J. RN	Facility: COL
Encounter Date: 07/11/2020 13:09		Unit: F01

Injury Assessment - Non-work related encounter performed at Housing Unit.

SUBJECTIVE:

INJURY 1 **Provider:** Pippin, J. RN

Date of Injury: 07/11/2020 12:45 **Date Reported for Treatment:** 07/11/2020 13:10

Work Related: No **Work Assignment:** C PM FS, C UNIC DC1

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

In the hallway walking to inmates cubicle

Cause of Injury (Inmate's Statement of how injury occurred):

inmates stated she was taking a shower and started to feel dizzy. She started walking to her cubicle and she stated she passed out.

Symptoms (as reported by inmate):

dizziness

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/11/2020	13:12 COX	96.5	35.8		Pippin, J. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/11/2020	13:12 COX	83			Pippin, J. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/11/2020	13:12 COX	16	Pippin, J. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/11/2020	13:12 COX	91/52				Pippin, J. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/11/2020	13:12 COX	98	Room Air	Pippin, J. RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/17/1977	Facility: COL
Encounter Date: 07/16/2020 12:58	Unit: F16

Exam:**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

ASSESSMENT:

Confirmed case COVID-19, U07.1 - Current

PLAN:**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Asymptomatic Novel Coronavirus	One Time	07/22/2020 00:00	Routine

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		07/17/2020	Routine

Specific reason(s) for request (Complaints and findings):

covid19+

Disposition:

Follow-up Daily

Placed In Isolation

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/16/2020	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Franco, Karina MD on 07/16/2020 13:03

Inmate Name: ORDAZ, LAZARA
 Date of Birth:
 Encounter Date: 07/11/2020 13:09

Sex: F Race: BLACK
 Provider: Pippin, J. RN

Reg #: 52247-066
 Facility: COL
 Unit: F01

Exam:

No: Lethargic, Obtunded, Stuporous, Comatose, Dyspneic, Appears in Pain

Skin

General

Yes: Within Normal Limits, Skin Intact

Head

General

Yes: Symmetry of Motor Function

Eyes

General

Yes: PERRLA

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Peripheral Vascular

General

Yes: Within Normal Limits

Abdomen

Inspection

Yes: Within Normal Limits

Gastrointestinal

General

Yes: Within Normal Limits

ASSESSMENT:

Fainting

HSU received a phone call stating that inmate had passed out while walking from the shower in her unit to her cubicle. Once medical arrived inmate had already been brought down to the HSU and walked back to the examination room. Inmate stated she suffers from vertigo and she while she was in the shower she started feeling dizzy and attempted to walk back to her cubicle. Inmate was unsure if she lost consciousness or if she hit her head. Inmate stated her head did not hurt and she did not think that she hit her head.

Inmate is A&O x3 with no complaints of dizziness at this time. No bruises or lacerations on her head, skin is WNL, lungs clear bilaterally.

MD on call was notified of incident and requested an EKG which showed inmate in Normal Sinus rhythm.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
 Return Immediately if Condition Worsens

Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 10/10/1965
 Encounter Date: 07/11/2020 13:09

Sex: F Race: BLACK
 Provider: Pippin, J. RN

Reg #: 52247-066
 Facility: COL
 Unit: F01

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/11/2020	Counseling	Preventive Health	Pippin, J.	Verbalizes Understanding
Inmate educated on getting up slowly				
07/11/2020	Counseling	Access to Care	Pippin, J.	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: Yes **By:** Li, Richard MD

Telephone or Verbal order read back and verified.

Completed by Pippin, J. RN on 07/11/2020 13:29

Requested to be cosigned by Li, Richard MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 11/11/1971	Provider: Criswell, Linda PA-C	Facility: COL	Unit: F01
Encounter Date: 07/10/2020 10:36			

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Criswell, Linda PA-C

Chief Complaint: Other Problem

Subjective: States she has been losing weight for past month. currently weighs 158 which is what she weighed last Sept. Then went up to 163 in Oct. Doesn't know if she ever weighed more but states her clothes are looser and she has no appetite over past months. TSH was normal in March. Still on same dose. Also on iron but states she doesn't always take it and doesn't think it affects her appetite. Also denies depression. Denies stomach pain. BM's are normal.

Also having worse vertigo - used to be on meclizine a lot which did help but then it was not approved a second time.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/10/2020	10:40 COX	96.6	35.9		Criswell, Linda PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/10/2020	10:40 COX	68			Criswell, Linda PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/10/2020	10:40 COX	12	Criswell, Linda PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/10/2020	10:40 COX	100		Criswell, Linda PA-C

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
07/10/2020	10:56 COX	158.0	71.7		Criswell, Linda PA-C

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR)

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Sex:	F
Note Date:	07/08/2020 10:35	Race:	BLACK
		Provider:	Bailey, S. IOP/IDC/RN
		Facility:	COL
		Unit:	F01

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bailey, S. IOP/IDC/RN
 admin note for covid test orders

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Asymptomatic Novel Coronavirus	One Time	07/08/2020 00:00	Today
Lab personnel verbally notified of a priority order of Today or Stat			

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Bailey, S. IOP/IDC/RN on 07/08/2020 10:37

Requested to be cosigned by Franco, Karina MD.

Cosign documentation will be displayed on the following page.

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/17/1950	Facility: COL
Encounter Date: 07/10/2020 10:36	Unit: F01

ASSESSMENT:

Anemia, unspecified, 285.9 - Current
 Abnormal weight loss, R634 - Current
 Vertigo of central origin, H8149 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Meclizine HCl Tablet	07/10/2020 10:36
	<u>Prescriber Order:</u> 25 mg Orally - daily PRN x 180 day(s) -- take once a day as needed for vertigo	
	Indication: Vertigo of central origin	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
961108-COX	Ferrous Gluconate 324 (5 GR) MG Tab	07/10/2020 10:36
	<u>Prescriber Order:</u> Take one tablet by mouth each day with food	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Not Indicated	
	Indication:	

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Weight	Weekly	90 days		Criswell, Linda PA-C
	Order Date:	07/10/2020		

Other:

1. weight loss : unclear if she has actually lost weight - should come once a week for weight; last TSH; labs due in Sept. Unsure why she has no appetite. Will stop iron as hgb not changing anyway and she doesn't take it that much.
- 2.vertigo - will request again

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/10/2020	Counseling	Plan of Care	Criswell, Linda	Verbalizes Understanding

Copay Required: Yes **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Criswell, Linda PA-C on 07/10/2020 10:58

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Sex:	F
Note Date:	04/02/2020 14:00	Race:	BLACK
		Provider:	Franco, Karina MD
		Facility:	COL
		Unit:	F08

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Franco, Karina MD

Chart review for medication refill

Renew Medication Orders:

Rx#	Medication	Order Date
965511-COX	Meloxicam 7.5 MG Tab	04/02/2020 14:00
	Prescriber Order: Take one tablet (7.5 MG) by mouth each day with food (objective findings) x 180 day(s)	
	Indication: Low back pain, lumbago, Sciatica	
961111-COX	Verapamil HCl 80 MG Tab	04/02/2020 14:00
	Prescriber Order: Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	
961109-COX	LevoTHYROXINE Sodium 75 MCG Tab	04/02/2020 14:00
	Prescriber Order: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
961110-COX	OXcarbazepine 600 MG Tab	04/02/2020 14:00
	Prescriber Order: Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s)	
	Indication: Low back pain, lumbago, Sciatica	

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests - Short List-General-CBC w/diff	One Time	09/18/2020 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-Hemoglobin A1C			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 04/02/2020 14:05

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2020	End Date: 03/10/2021
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 1032126-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 1009569-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 180 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 1032127-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 961109-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 03/23/20 **Pharmacy Dispensings:** 157 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 989743-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 180 TAB in 180 days

Meclizine HCl 12.5 MG Tab

Take one tablet (12.5 MG) by mouth twice daily for 10 days

Rx#: 1004479-COX **Doctor:** Criswell, Linda PA-C

Start: 07/20/20 **Exp:** 07/30/20 **Pharmacy Dispensings:** 20 TAB in 10 days

Meloxicam 7.5 MG Tab

Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Rx#: 1009570-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 01/08/21 **Pharmacy Dispensings:** 120 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 1029860-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 02/04/21 **Exp:** 08/03/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 67 TAB in 180 days

Meloxicam 7.5 MG Tab

Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Bureau of Prisons
Health Services
Medication Summary
Historical

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2020	End Date: 03/10/2021
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Acetaminophen 325 MG Tab

Take two tablets (650 MG) by mouth twice daily AS NEEDED -ccc- w/objective findings

Rx#: 1027387-COX **Doctor:** Bonnet-Engebretson, Leonor MD

Start: 01/19/21 **Exp:** 02/18/21

Pharmacy Dispensings: 120 TAB in 30 days

Amoxicillin 500 MG Cap

Take one capsule (500 MG) by mouth three times daily for 7 days until all taken

Rx#: 1007416-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/29/20 **Exp:** 10/06/20

Pharmacy Dispensings: 21 CAP in 7 days

Ferrous Gluconate 324 (5 GR) MG Tab

Take one tablet by mouth each day with food

Rx#: 1012071-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/24/20 **Exp:** 09/24/21

D/C: 03/30/21

Pharmacy Dispensings: 210 TAB in 365 days

Ferrous Gluconate 324 (5 GR) MG Tab

Take one tablet by mouth each day with food

Rx#: 961108-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 09/24/20

D/C: 07/10/20

Pharmacy Dispensings: 300 TAB in 365 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file *

Rx#: 1009617-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21

D/C: 02/25/21

Pharmacy Dispensings: 180 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 1032125-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21

D/C: 03/30/21

Pharmacy Dispensings: 37 CAP in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day

Rx#: 1009568-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 03/01/21

D/C: 02/25/21

Pharmacy Dispensings: 180 TAB in 180 days

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2020	End Date: 03/10/2021
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 1032129-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 74 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 961111-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 03/23/20 **Pharmacy Dispensings:** 314 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 989746-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 360 TAB in 180 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 1009567-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 09/02/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 240 TAB in 365 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 961112-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/25/19 **Exp:** 09/24/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 365 TAB in 365 days

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2020	End Date: 03/10/2021
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

Rx#: 965511-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 10/25/19 **Exp:** 04/22/20 **D/C:** 04/03/20 **Pharmacy Dispensings:** 180 TAB in 180 days

Meloxicam 7.5 MG Tab

Take one tablet (7.5 MG) by mouth each day with food (objective findings)

Rx#: 989744-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 180 TAB in 180 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take as directed on package. May take with food.

Rx#: 1019966-COX **Doctor:** Siddiqui, Saad PA-C
Start: 12/08/20 **Exp:** 12/14/20 **Pharmacy Dispensings:** 21 TAB in 6 days

Nystatin Cream 100,000 Unit/GM [30 GM]

Apply topically to the affected area(s) twice daily

Rx#: 1033171-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 03/05/21 **Exp:** 04/04/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 30 GM in 30 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 1009571-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 180 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 1032128-COX **Doctor:** Gopal, Swapna (MOUD) APRN
Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 961110-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 09/25/19 **Exp:** 03/23/20 **Pharmacy Dispensings:** 180 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 989745-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 04/03/20 **Exp:** 09/30/20 **D/C:** 09/02/20 **Pharmacy Dispensings:** 180 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 1009572-COX **Doctor:** Franco, Karina (MOUD) MD
Start: 09/02/20 **Exp:** 03/01/21 **D/C:** 02/25/21 **Pharmacy Dispensings:** 360 TAB in 180 days



Reading ID: 4381461

Session ID: 342934

5850 Coral Ridge Drive, Suite 304, Coral Springs, Florida 33076

Phone: (954) 344-7075 Fax: (866) 215-7347

Home Sleep Test - Summary Report

Patient Information

LAZARA ORDAZ
846 54TH NW TERRACE
COLEMAN, FL 33521
Phone:
Gender: Female
Date of Birth: 12/12/1972
Height: in Weight: lbs BMI:

Physician Information

TTST TTEST
YY
YU, AL 44444
Phone: (444) 444-4444
Fax: (555) 555-5555
NPI: 1555555559

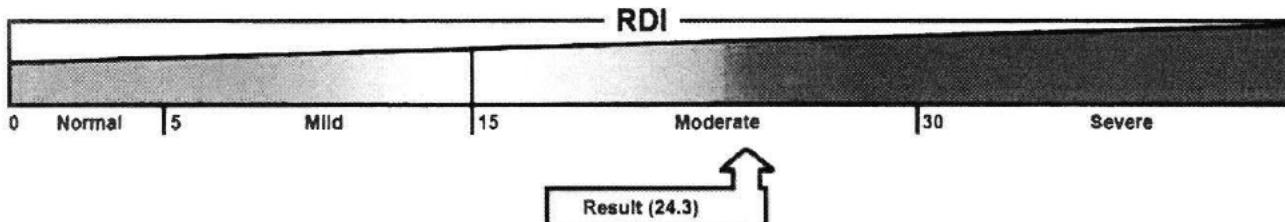
Provider Information

CPAP Supply USA
413 Branchway Road Suite B
Chesterfield, VA 23236
Phone: (866) 560-2727
Fax: (866) 560-4227

Recording Start : 01/24/2021 11:21:00 PM End : 01/25/2021 06:11:30 AM Duration : 6 hours 50 min 30 sec

Evaluation Start : 01/24/2021 11:31:00 PM End : 01/25/2021 06:01:34 AM Duration : 6 hours 30 min 34 sec

Test Condition: Room Air with Nasal Cannula



ANALYSIS

Indices	Normal	Result
RDI :	24.3 < 5 / h	Average breaths per minute [bpm] : 13
RI :	26.3 < 5	Breaths : 5071
Apnea index :	12 < 5 / h	Apneas : 78
UAI :	2	Unclassified apneas : 15
OAI :	9	Obstructive apneas : 59
CAI :	0	Central apneas : 2
MAI :	0	Mixed apneas : 2
Hypopnea index :	12.3 < 5 / h	Hypopneas : 80
% Flow lim. Br. without Sn (FL) :	9 < Approx. 60	Flow lim. Br. without Sn (FL) : 466
% Flow lim. Br. with Sn (FS) :	11 < Approx. 40	Flow lim. Br. with Sn (FS) : 565
		Snoring events : 4117
ODI Oxygen Desaturation Index :	25.9 < 5 / h	Number of Desaturations : 171
Lowest desaturation :	89 94% - 98%	Oxygen Saturation ≤ 90% : 137 min
Average saturation :	91	Oxygen Saturation ≤ 89% : 77 min
Lowest saturation :	69	Oxygen Saturation ≤ 88% : 48 min
Baseline saturation :	94	Oxygen Saturation ≤ 85% : 27 min
Minimum pulse frequency :	41 50 - 70 bpm	Oxygen Saturation ≤ 80% : 14 min
Maximum pulse frequency :	88 60 - 90 bpm	
Average pulse frequency :	59	
Proportion of probable CS epochs :	0 0%	

Analysis Status: Analyzed automatically

Analysis parameters

Apnea [20%; 10s; 80s; 1.0s; 20%; 60%]; Hypopnea [70%; 10s; 100s; 1.0s]; Snoring [6.0%; 0.3s; 3.5s; 0.5s]; Desaturation [4.0%]; CSR [0.50]



Home Sleep Test - Interpretation Report

Patient Information

LAZARA ORDAZ
846 54TH NW TERRACE
COLEMAN, FL 33521
Phone:
Gender: Female
Date of Birth: 10/10/1958
Height: in **Weight:** lbs **BMI:**

Physician Information

TTST TTEST
YY
YU, AL 44444
Phone: (444) 444-4444
Fax: (555) 555-5555
NPI: 1555555559

Provider Information

CPAP Supply USA
413 Branchway Road Suite B
Chesterfield, VA 23236
Phone: (866) 560-2727
Fax: (866) 560-4227

Recording **Start :** 01/24/2021 11:21:00 PM **End :** 01/25/2021 06:11:30 AM **Duration :** 6 hours 50 min 30 sec

Test Condition: Room Air with Nasal Cannula

Respiratory Events

		Oximetry
RDIs:	24.3	Oxygen Desaturation Index: 25.9
Apneas:	78	Lowest Saturation: 69
Obstructive Apneas:	59	Oxygen Saturation ≤ 89%: 77 min
Central Apneas:	2	Minimum pulse frequency: 41
Hypopneas:	80	Maximum pulse frequency: 88

Impression / Diagnosis

- Findings are consistent with Moderate Obstructive Sleep Apnea (G47.33)

Recommendations

- Treatment options may include: Positive Airway Pressure (PAP) devices such as continuous PAP (CPAP), auto-adjusting PAP (APAP), and bi-level PAP (Bi-PAP).
- If APAP is utilized for titration and/or treatment, an initial range setting of 5-20 cm H₂O may be considered if there are no contraindications.
- If CPAP is utilized without APAP titration, an in-laboratory facility-based PAP titration may be considered.
- Consider PAP interface mask fitted for patient comfort, Heated Humidification & PAP compliance monitoring via downloadable reports (at 1 month, 3 months & 12 months after PAP initiation). Medicare has specific compliance requirements during the first 90 days of use.
- Mandibular repositioning device/ Oral appliance therapy may be considered for mild to moderate OSA, or for severe OSA if the patient is intolerant, refuses and/or non-compliant with CPAP.
- An ENT surgeon consultation may be considered for evaluation and possible surgical modification of the upper airway, if clinically indicated.
- Where applicable, utilize PAP device efficacy reports, additional testing, and face-to-face clinical evaluation after any treatment, changes in treatment, or major behavioral modifications.
- Consider repeat sleep study on the selected treatment to evaluate for the efficacy of the treatment, if patient continues to be symptomatic.
- If symptom resolution of sleep apnea is not achieved, or suspicion of continued sleep disturbance persists, consider referral to a sleep specialist.
- Consider behavioral interventions such as weight reduction or smoking cessation, if clinically indicated.
- Consider advising patient against the use of alcohol and sedatives as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep
- Consider advising the patient not to drive, operate heavy machinery or engage in other activities which may be hazardous when sleepy or sleep deprived.
- Consider advising patient of the long term consequences of OSA if left untreated, need for treatment and close follow up.
- Treatment is recommended for patients diagnosed with moderate and severe obstructive sleep apnea (AHI/RDI >15). Treatment is recommended for patients diagnosed with mild obstructive sleep apnea (AHI/RDI 5 -15), if associated with any one of the following: daytime sleepiness (ESS >10), cognitive dysfunction, mood disorders, hypertension, heart disorders and stroke.

FCC Coleman C&P

OrdaZ, Lazara

52247-066

D.O.B. 12-17-1958

A Home Sleep Test cannot diagnose all sleep disturbances. If this test is negative for Obstructive Sleep Apnea and your clinical evaluation suggests otherwise, please refer the patient for a facility-based sleep study.

Digitally Signed on March 04, 2021 by Chandra Matadeen-Ali, Board Certified Sleep Physician. NPI: 1811197619

Device: ApneaLink

Firmware: SX566-0302

Software: 10.20

VirtuOx, Inc.

Private and Confidential

Page 1 of 1

1/8/2021

ARSS2839 Lazara Ordaz -

- DOS: 01/08/2021 - Rendering Provider: DAVID CURRY, APRN

after verbal consent was obtained - pt was taken in injection room with fluro. pt was placed in sitting position. the left shoulder joint was identified with external marking device and marked. a NSP was then completed. a 22 g spinal needle was then inserted into the left shoulder joint by the posterior subacromial approach. joint access was then confirmed with dye. after confirmation of joint access an injection of 2ml bupivacaine 0.25% and 80 mg depo medrol was injected. the pt tolerated the procedure well and post injection instruction was given. Pt left office in NAD.

Procedure Codes

C.S. Code	Description	Start Time	End Time	Units	Mods	Status	Notes
CPT 99204	LEVEL 4 OFFICE VISIT	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	25		
CPT 73221	MRI JOINT UPR EXTREM W/O DYE	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	TC,LT		
CPT 20610	LARGE JOINT INJECTION	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	LT		
CPT 77002	NEEDLE UNDER FLUOROSCOPY GUIDANCE	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	1	TC,RT		
CPT J1040	DEPO MEDROL 80 MG	01/08/2021 08:30:00 AM EST	01/08/2021 08:45:00 AM EST	2	LT		

Plan

Plan Notes

1. Injection as above
2. increase mobic 15 mg i po qd at mid day med pass x 30 with 3 refill
3. discussed tx options
4. see me 4-6 weeks

Patient Referred Out and Summary of Care Provided: No

Clinical Summary Provided: No

 Note generated by Azalea EHR - www.AzaleaHealth.com

1/8/2021

ARSS2839 Lazara Ordaz - DOB: 12/17/1958 - DOS: 01/08/2021 - Rendering Provider: DAVID CURRY, APRN

Patient Demographics

Patient Name: Lazara Ordaz
 Date of Birth: 1
 Gender: Male
 Preferred Language: No Preferred Language

FCC COLEMAN CAMP

#52247-064

Care Team

Rendering Provider: DAVID CURRY, APRN

Date and Location of Visit

Date of Service: 01/08/2021
 Chart Number: ARSS2839A1
 Location: ARS, PA

Appointment: 01/08/2021 08:30 AM
 EST
 Appt. Reason: COLEMAN, LAKE OR
 PASCO- NEW PATIENT
 Notes: COLEMAN PT

Medication Summary

Medication Reconciliation:
 Not performed

Chief Complaint / Assistant Note

left shoulder pain

Subjective**HPI**

left shoulder pain for several years. she had injection in past over one year ago. she had subacromial decompression and mumford in 2006. Pain was resolved for only 4-6 months post op. she has had limited ROM for several years and even just after surgery. she is on 7.5 mg mobic when it hurts. she has pain with any motion over 90 degree and internal and external rotation - especially donning/doffing bra

MRI shows post SAD with mumford, supraspinatus tendonitis, no acute tears or significant degenerative changes

Problem History

C.S. Code	Description	Status	Diagnosed	Edu	Cog	Func
ICD10M25.512	Pain in left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No
ICD10M75.42	Impingement syndrome of left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No
ICD10M75.52	Bursitis of left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No
ICD10M67.814	Other specified disorders of tendon, left shoulder	ACTIVE	01/08/2021 08:49 AM EST	No	No	No

Objective**Objective Notes**

left shoulder: protruding distal clavicle, pain over edge of distal clavicle, as well as, the anterior gh joint, ROM limited to 90 add/abduction, and significantly reduced internal and somewhat to external, she is not hyperlax, motor is 5/5 with pain, no instability

Assessment**Diagnosis Codes**

C.S. Code	Description	Status	Diagnosed	Educ	Cog	Func
ICD10M25.512	Pain in left shoulder	ACTIVE	01/08/2021	No	No	No
ICD10M75.42	Impingement syndrome of left shoulder	ACTIVE	01/08/2021	No	No	No
ICD10M75.52	Bursitis of left shoulder	ACTIVE	01/08/2021	No	No	No
ICD10M67.814	Other specified disorders of tendon, left shoulder	ACTIVE	01/08/2021	No	No	No

Procedure**Procedure Notes**

Advanced Wellness & Orthopedic Center
616 N. Palmetto St., Ste B ~ Leesburg, FL 34748
Phone 352-702-0850 ~ Fax 352-530-2476

NCD2005216073

Dr. Frank J. Velez, M.D.
LIC.# ME67580
DEA # BV2281044

Richard G. Valenzuela, M.D.
LIC.# ME116272
DEA.# FV1699430

D. Chris Curry, APRN
LIC.# APRN2962362
DEA # MC4277605

NAME:

Orduz, Lazara

ADDRESS:

1181-1

1. 7 mobil to 15-7-98 80
C m, daily x 30

2. Rom as tolerated 3 RR
3. Ice x 24 hrs to chl
4. F/V 4-6 whs

Label

Refill _____ Times

(Signature)

Name brand medically necessary.

DO NOT SUBSTITUTE _____

SUBSTITUTION PERMISSIBLE _____

BACKGROUND COLOR MUST APPEAR BLUE - VOID WILL APPEAR IF COPIED
RESISTS ERASURES AND ALTERATIONS



Mai Eyes Optometry, LLC
2880 David Walker Dr. #260
Eustis, FL 32726

Physician: Van Mai Vu, OD
Form: Optometric Examination
Exam Date: 9/16/2020

Patient Name: Orda, Lazar
Institution: Low Med USP-I USP-II Camp Unit: _____
Occupation: None Rec Compound Teacher Kitchen Unicorn
 Orderly _____
Dr. / Tech using: KN-95 mask surgical mask gloves face shield

DOB: _____ Age 61 Sex: M F T Reg #: 52247-066
Ethnicity: Caucasian African Hispanic Native American Cuban
Hobbies: _____
Pt Notes: Spanish only Limited English Hearing impaired Face mask

		Chief Complaint: CC (check only ONE)				Secondary Complaint
<input type="checkbox"/> Blurry vision		<input type="checkbox"/> Red eyes	<input type="checkbox"/> Flashes / Floaters	<input type="checkbox"/> Double vision	<input type="checkbox"/> Dry Eyes	SC _____ <input type="checkbox"/> No flashes, floaters, double vision, increased headaches or pain
<input type="checkbox"/> Glasses/CL update		<input checked="" type="checkbox"/> DM / HTN DFE	<input type="checkbox"/> Other:			
HPI:	Describe the CC				Describe the SC	
Location	RE / LE / BI	Distance / Near	1 _____ days	1 _____ weeks	1 _____ months	1 _____ years
Onset	times a day / week / month					
Frequency	rarely / sometimes / often / daily					
Duration	<input type="checkbox"/> a few secs / mins / hours <input type="checkbox"/> Intermittent <input type="checkbox"/> Constant					
Severity	<input type="checkbox"/> mild / <input type="checkbox"/> moderate / <input type="checkbox"/> severe					
Factors	Improved w/ _____ Worsened w/ _____					
Add. Notes						

Last Eye Exam: <u>9/16/19</u>	Age of current glasses: <u>2</u> yrs
Last Physical:	1st glasses: _____
Current Meds: <input type="checkbox"/> None <input checked="" type="checkbox"/> See pt's attached list of meds	
Allergies: <input checked="" type="checkbox"/> No known drug allergies <input type="checkbox"/> See pt's attached list	
Smoker: _____ packs per day Quit _____ Alcohol: rarely / daily / socially Rec drugs: Hx of _____ rarely / daily / socially	
I am <input type="checkbox"/> Nursing <input type="checkbox"/> Pregnant _____ months	

FAMILY HISTORY																																																																																																																																			
<input type="checkbox"/> Check if all family history is N/A.																																																																																																																																			
<table border="0"> <tr> <td>Glaucoma</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Macular degeneration</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Eye turn</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Night blindness</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Keratoconus</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Diabetes</td> <td><input checked="" type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input checked="" type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Hypertension</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Heart disease</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Cancer</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>(Type) <u>lung</u></td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Migraine</td> <td><input type="checkbox"/></td> <td>Mom</td> <td><input type="checkbox"/></td> <td>Dad</td> <td><input type="checkbox"/></td> <td>Sibling</td> <td><input type="checkbox"/></td> <td>Aunt/Uncle</td> <td><input type="checkbox"/></td> <td>Grandparent</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td>Condition: _____</td> <td colspan="6">Relationship: _____</td> </tr> </table>		Glaucoma	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Macular degeneration	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Eye turn	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Night blindness	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Keratoconus	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Diabetes	<input checked="" type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input checked="" type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Hypertension	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Heart disease	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Cancer	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	(Type) <u>lung</u>	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Migraine	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent	Other	<input type="checkbox"/>	Condition: _____	Relationship: _____					
Glaucoma	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
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Eye turn	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Night blindness	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Keratoconus	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Diabetes	<input checked="" type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input checked="" type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Hypertension	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Heart disease	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Cancer	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
(Type) <u>lung</u>	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Migraine	<input type="checkbox"/>	Mom	<input type="checkbox"/>	Dad	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Grandparent																																																																																																																									
Other	<input type="checkbox"/>	Condition: _____	Relationship: _____																																																																																																																																

PERSONAL REVIEW OF SYSTEMS	
<input type="checkbox"/> Check if all of review of systems is N/A.	
Allergy	<input type="checkbox"/> Seasonal <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Anesthetic <input type="checkbox"/> Food: _____ <input type="checkbox"/> Other: _____
Constitutional	<input type="checkbox"/> Unexplained fever / weight loss / fatigue
Cardiovascular	<input type="checkbox"/> Chest pain <input type="checkbox"/> Shortness of breath w/exertion <input type="checkbox"/> Irregular heartbeat / low heart rate
Endocrine	<input type="checkbox"/> Increased urination / thirst / appetite
Gastrointestinal	<input type="checkbox"/> Constipation / diarrhea <input type="checkbox"/> Vomiting blood / blood in stool
Genitourinary	<input type="checkbox"/> Difficulty / burning while urinating
Head	<input type="checkbox"/> Persistent sore throat / hoarseness of voice <input type="checkbox"/> Hearing loss / ear or nose discharge <input type="checkbox"/> Sinus congestion <input type="checkbox"/> Loss of smell
Hematologic/ Lymphatic	<input type="checkbox"/> Swollen glands <input type="checkbox"/> Anemia / frequent bruising
Immunologic/ Skin	<input type="checkbox"/> History of infectious disease <input type="checkbox"/> Unexplained skin rashes / persistent itching <input type="checkbox"/> Pigmented lesions
Musculoskeletal	<input type="checkbox"/> Joint pain / restriction of motion <input type="checkbox"/> Unexplained muscle pain / lower back pain
Neurologic	<input type="checkbox"/> Muscle weakness / tingling in extremities <input type="checkbox"/> Dizziness / blackouts / grey outs
Psychiatric	<input type="checkbox"/> Memory lapses <input type="checkbox"/> Disorientation <input type="checkbox"/> Ongoing depression <input type="checkbox"/> Dementia
Respiratory	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Wheezing sounds <input type="checkbox"/> Persistent cough
PERSONAL MEDICAL HISTORY	
<input type="checkbox"/> Check if all medical history is N/A.	
Diabetes	Type: <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Diabetic neuropathy
High Cholesterol	<input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> exercise Diagnosed: _____
Hypertension	<input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> exercise Diagnosed: _____
Heart attack / stroke	<input type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> diet <input type="checkbox"/> surgery Diagnosed: _____
Thyroid disorder	<input checked="" type="checkbox"/> Treatment: <input type="checkbox"/> meds <input type="checkbox"/> surgery Diagnosed: _____
Sleep apnea	<input type="checkbox"/> Treatment: <input type="checkbox"/> PAP machine <input type="checkbox"/> surgery Diagnosed: _____
Asthma / COPD	<input type="checkbox"/> Treatment: <input type="checkbox"/> meds Diagnosed: _____
Kidney Disease / Stones	<input type="checkbox"/> Treatment: <input type="checkbox"/> dialysis <input type="checkbox"/> surgery Diagnosed: _____
Arthritis	<input type="checkbox"/> Treatment: <input type="checkbox"/> meds Diagnosed: _____
Other conditions: <u>anemia, dysphagia, GERD, sciatica, eczema, vertigo, vitamin D deficiency, Confirmed COVID-19 (7/2020), shoulder, throat</u> List surgeries: _____	
PERSONAL OCULAR HISTORY	
<input type="checkbox"/> Check if all ocular history is N/A.	
Suspect	Glaucoma <input checked="" type="checkbox"/> Target IOP: _____ / _____ Pachymetry: _____ / _____
	Macular degeneration <input type="checkbox"/> Retinal Detachment <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Cataract <input type="checkbox"/> LASIK / Laser <input type="checkbox"/> Strabismus (Eye turn) <input type="checkbox"/> Amblyopia (Lazy eye) <input type="checkbox"/> Uveitis <input type="checkbox"/> Trauma <input type="checkbox"/> Other <input checked="" type="checkbox"/> Had eye for gl. disc'd
	Treatment: <input type="checkbox"/> drops <input type="checkbox"/> SLT / ALT <input type="checkbox"/> LPI <input type="checkbox"/> Reported compliance: Good Fair Poor <input type="checkbox"/> OCT RNFL _____ Drops _____ <input type="checkbox"/> RE <input type="checkbox"/> LE Treatment: <input type="checkbox"/> injections <input type="checkbox"/> vitamins <input type="checkbox"/> RE <input type="checkbox"/> LE Treatment: <input type="checkbox"/> injection <input type="checkbox"/> laser <input type="checkbox"/> buckle <input type="checkbox"/> RE <input type="checkbox"/> LE Treatment: <input type="checkbox"/> injections <input type="checkbox"/> laser <input type="checkbox"/> RE <input type="checkbox"/> LE Surgery: RE _____, LE _____ <input type="checkbox"/> RE <input type="checkbox"/> LE Surgery: RE _____, LE _____ <input type="checkbox"/> RE <input type="checkbox"/> LE Tx: <input type="checkbox"/> Glasses <input type="checkbox"/> Patching <input type="checkbox"/> VT <input type="checkbox"/> Surgery <input type="checkbox"/> RE <input type="checkbox"/> LE Tx: <input type="checkbox"/> Glasses <input type="checkbox"/> Patching <input type="checkbox"/> VT <input type="checkbox"/> Surgery <input type="checkbox"/> RE <input type="checkbox"/> LE Occurred: _____ <input type="checkbox"/> RE <input type="checkbox"/> LE Occurred: _____

Bureau of Prisons
Health Services
Consultation Request

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066	Complex: COX
Date of Birth:	Sex: F	

Consultation/Procedure Requested: Optometry

Subtype: Onsite

Priority: Routine

Target Date: 09/25/2020

Reason for Request:

Chart review for optometry consult

HTN

Glaucoma suspect

Cataract OU

F/u in 12 months.

Medications (As of 09/16/2020)

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab Exp: 09/02/2021 SIG: Take one tablet (1000 UNIT) by mouth each day

FLUoxetine HCl 10 MG Cap Exp: 03/01/2021 SIG: Take one capsule (10 MG) by mouth each day *consent form on file *

hydroCHLORothiazide 25 MG Tab Exp: 03/01/2021 SIG: Take one tablet (25 MG) by mouth each day

LevoTHYROXINE Sodium 75 MCG Tab Exp: 03/01/2021 SIG: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Meloxicam 7.5 MG Tab Exp: 03/01/2021 SIG: Take one tablet (7.5 MG) by mouth each day with food (objective findings)

OXcarbazepine 600 MG Tab Exp: 03/01/2021 SIG: Take one tablet (600 MG) by mouth every night at bedtime (pain)

Verapamil HCl 80 MG Tab Exp: 03/01/2021 SIG: Take one tablet (80 MG) by mouth twice daily to control blood pressure

Allergies (As of 09/16/2020)

No Known Allergies

Health Problems (As of 09/16/2020)

Anemia, unspecified, Other disorder of bone and cartilage, Dysphagia, unspecified, Low back pain, lumbago, Esophageal reflux, Pityriasis rosea, Dermatitis/eczema due to unspecified cause, Sciatica, Headache, Shoulder (pain in joint, shoulder region), Foot, contusion, Hypothyroidism unspecified, Slow transit constipation, Hypertension, Unspecified essential, LTBI Prophy Refused, Vertigo of central origin, Pain in leg, unspecified, Fractured dental restorative material with loss of material, Dental caries, Encounter for gynecological exam (general) (routine) without abnormal findings, Vitamin D deficiency, Abnormal weight loss, Confirmed case COVID-19, Other peripheral vertigo, Adjustment disorder

Inmate Requires Translator: No **Language:**

Additional Records Required:

Comments:

Requested By: Franco, Karina MD

Ordered Date: 09/25/2019 09:09

Scheduled Target Date: 09/25/2020 00:00

Level of Care: Medically Necessary - Non-Emergent

ID: ORDAZ 52247-066

Name:

Age:

Gender:

Female

07/11/2020 11:24:23AM

PR: 122/170 ms

QRS: 98 ms

QT/QTc: 412/432 ms

P/QRS/T axis: 38/34/54 deg

Heart rate: 66 bpm

warning: age not available, assumed 35 years

sinus rhythm

Normal ECG

Unconfirmed Report

FCC COLEMAN CAMP





U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name	ORDAZ, LAZARA	Facility	FCI Marianna	Collected	05/19/2021 10:12 CDT,
Reg #	52247-066	Order Unit	X03-010L		05/21/2021 11:27 CDT
DOB	1977-07-13	Provider	Kendes Archer, M.D.	Received	05/21/2021 10:32 CDT
Sex	F			Reported	05/21/2021 12:58 CDT
				LIS ID	102212639

CHEMISTRY

Sodium		136	136-145	mmol/L
Potassium		4.4	3.5-5.1	mmol/L
Chloride		101	98-107	mmol/L
Carbon Dioxide		29	22-29	mmol/L
Urea Nitrogen (BUN)		20	8-23	mg/dL
Creatinine	H	1.13	0.51-0.95	mg/dL
eGFR (IDMS)		49		
GFR units measured as mL/min/1.73 m^2. If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.				
Calcium		9.8	8.8-10.2	mg/dL
Glucose	L	57	74-106	mg/dL
AST		25	10-32	U/L
ALT		18	8-33	U/L
Alkaline Phosphatase	H	146	35-104	U/L
Bilirubin, Total		0.5	<=1.2	mg/dL
Protein, Total		7.6	6.6-8.7	g/dL
Albumin		4.4	3.5-5.2	g/dL
Globulin		3.2	2.0-3.7	g/dL
Alb/Globulin Ratio		1.37	1.00-2.30	
Anion Gap	L	6.0	9.0-19.0	
BUN/Creatinine Ratio		17.5	5.0-30.0	
Cholesterol, Total		185	<200	mg/dL
Triglycerides		47	<=150	mg/dL
HDL Cholesterol	H	73	40-60	mg/dL
LDL-Cholesterol		103	<=130	mg/dL
Chol/HDLC Ratio		2.5	0.0-4.0	

SPECIAL CHEMISTRY

TSH	3.04	0.27-4.20	uIU/mL
-----	------	-----------	--------

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical



Report Status: Final
ORDAZ, LAZARA

Patient Information		Specimen Information	Client Information
ORDAZ, LAZARA DOB: AGE: 62 Gender: F Patient ID: 52247066		Specimen: TM848468C Collected: 08/25/2021 Received: 08/26/2021 / 03:07 CDT Reported: 08/26/2021 / 16:41 CDT	Client #: 339717

ALLERGEN REPORT

FOOD ALLERGY PROFILE		CLASS
Performing Lab:	TP	0 1 2 3 4 5 6
Test Name	Results kU/L	
EGG WHITE (F1) IGE	<0.10	
PEANUT (F13) IGE	0.24 H	
WHEAT (F4) IGE	<0.10	
WALNUT (F26) IGE	0.36 H	
CODFISH (F3) IGE	<0.10	
COW'S MILK (F2) IGE	<0.10	
SOYBEAN (F14) IGE	<0.10	
SHRIMP (F24) IGE	<0.10	
SCALLOP (F338) IGE	<0.10	
SESAME SEED (F10) IGE	<0.10	
HAZELNUT (F17) IGE	<0.10	
CASHEW NUT (F202) IGE	<0.10	
ALMOND (F20) IGE	<0.10	
SALMON (F41) IGE	<0.10	

INTERPRETATION

Performing Lab: TP

See Endnote 2

Endnote 1 IgE reactivity to whole milk without reactivity to Bos d 4, Bos d 5, or Bos d 8, may be explained by IgE reactivity to other cow's milk proteins or non-protein milk constituents. Additional information can be found at <http://www.phadia.com>

Endnote 2

Specific IGE Class	KU/L	Level of Allergen Specific IGE Antibody
0	<0.10	Absent/Undetectable
0/1	0.10-0.34	Very Low Level
1	0.35-0.69	Low Level
2	0.70-3.49	Moderate Level
3	3.50-17.4	High Level
4	17.5-49.9	Very High Level
5	50-100	Very High Level
6	>100	Very High Level

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a *** include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	10/17/1977	Sex:	F
Note Date:	02/24/2022 15:33	Race:	BLACK
		Provider:	Caldwell, Annette ARNP
		Facility:	MNA
		Unit:	X03

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caldwell, Annette ARNP
 recurrent rash to body, will order Z pack

New Medication Orders:

Rx#	Medication	Order Date
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)	02/24/2022 15:33
	<u>Prescriber Order:</u> 4mg Orally - daily x 6 day(s)	
	Indication: Dermatitis/eczema due to unspecified cause	

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 02/24/2022 15:35

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 12/22/1971	Facility: MNA
Encounter Date: 12/22/2021 10:13	Unit: X03

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Exposure to scabies, Z207S - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Ivermectin Tablet	12/22/2021 10:13
	<u>Prescriber Order:</u> 15mg Orally Weekly x 14 day(s) Pill Line Only -- Take first dose at evening pill line on 12/22/2021 repeat in one week, take with food	
	Indication: Exposure to scabies	

Disposition:

Follow-up at Sick Call as Needed

Other:

laundry on board
treatment plan in place

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/22/2021	Counseling	Access to Care	Caldwell, Annette	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 12/22/2021 10:18

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: _____	Provider: Caldwell, Annette ARNP	Facility: MNA	Unit: X03
Encounter Date: 12/22/2021 10:13			

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Exposure to scabies, denies rash or itching.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
12/22/2021	10:14 MNA	168.0	76.2		Caldwell, Annette ARNP

Exam:

General

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Mental Health

Posture

Yes: Within Normal Limits

Affect

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	10/17/1977	Sex:	F
Note Date:	09/14/2021 11:12	Race:	BLACK
		Provider:	Caldwell, Annette ARNP
		Facility:	MNA
		Unit:	X03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caldwell, Annette ARNP
 refilling medication

Renew Medication Orders:

Rx#	Medication	Order Date
203760-MNA	hydroCHLOROTHIAZIDE 25 MG Tab	09/14/2021 11:12
	Prescriber Order: Take one tablet (25 MG) by mouth each day for blood pressure and fluid x 180 day(s)	
	Indication: Vertigo of central origin	
203761-MNA	LevoTHYROXINE Sodium 75 MCG Tab	09/14/2021 11:12
	Prescriber Order: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
203762-MNA	Meloxicam 15 MG Tab	09/14/2021 11:12
	Prescriber Order: Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine** x 180 day(s)	
	Indication: Shoulder (pain in joint, shoulder region)	
204423-MNA	Omeprazole 20 MG Cap	09/14/2021 11:12
	Prescriber Order: Take one capsule by mouth daily x 180 day(s)	
	Indication: Esophageal reflux	
203764-MNA	Verapamil HCl 80 MG Tab	09/14/2021 11:12
	Prescriber Order: Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 09/14/2021 11:16

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	11/09/1961	Sex:	F
Note Date:	11/09/2021 13:55	Race:	BLACK
		Provider:	Caldwell, Annette ARNP
		Facility:	MNA
		Unit:	X03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caldwell, Annette ARNP
 renewing meds

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
205854-MNA	FLUoxetine HCl 10 MG Cap	11/09/2021 13:55
<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam) x 180 day(s)		
Indication: Adjustment disorder		
205855-MNA	OXcarbazepine 600 MG Tab	11/09/2021 13:55
<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth twice daily x 180 day(s) Pill Line Only		
Indication: Low back pain, lumbago, Sciatica		

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 11/09/2021 14:28

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Sex:	F
Note Date:	09/01/2021 10:00	Race:	BLACK
		Provider:	Floyd, Brett RN, QI/IPC
		Facility:	MNA
		Unit:	X03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Floyd, Brett RN, QI/IPC
 Covid testing

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	09/02/2021 00:00	Routine
Labs requested to be reviewed by:	Archer, Kendes MD, CD		

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Floyd, Brett RN, QI/IPC on 09/01/2021 10:01

Requested to be cosigned by Albu-Gardner, Nikki MLP.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/10/1960	Provider: Caldwell, Annette ARNP		Facility: MNA
Encounter Date: 08/13/2021 17:27			Unit: X03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Presents to medical with complaints of recurrent rash no lip swelling this time.

Pain: No

ROS:

Breasts

General

Yes: Within Normal Limits

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/13/2021	17:27	MNA	118/71			Caldwell, Annette ARNP

Exam:

General

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Mental Health

Posture

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/17/1970			Facility: MNA
Encounter Date: 08/11/2021 08:07		Provider: Hamilton, Richard O.D.	Unit: X03

Optometry - Optometry Exam encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Hamilton, Richard O.D.

Chief Complaint: Eyes/Vision Problems

Subjective: +HTN and cataracts OU. GLC suspect.

Pain: No

Vision Screen on 08/11/2021 08:08

Blindness:

Distance Vision: Right Eye: Left Eye: Both Eyes:

Near Vision: Right Eye: Left Eye: Both Eyes:

With Corrective Lenses

Distance Vision: Right Eye: 20/30 Left Eye: 20/30 Both Eyes:

Near Vision: Right Eye: Left Eye: Both Eyes:

Present Glasses - Distance

Sphere	Cylinder	Axis	Add	Sphere	Cylinder	Axis	Add
R: +0.50	-0.25	88	+2.25	R: +1.25			+2.25
L: +0.75	-0.25	95	+2.25	L: +1.50	-0.50	95	+2.25

Refraction - Distance

Color Test:

Tonometry: L: 14 R: 14

Comments: BVA OD 20/25 OS 20/25 OU 20/25+

Medication allergies: NKMA

Slit Lamp Exam

OU OD OS

Angle: 4+

Lids/Lashes: Clear

Corneas: Clear

Fundus

DFE: 1% Trop OU @ 8:16 am

AV Ratio: 0.7

MR: +

Lens: 1+ NS

Vitreous: Clear

CD Ratio: 0.3

Assessment: 1. No HTR

2. Cataracts OU

3. Hyperopia w/ Presbyopia OU

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/17/1970	Facility: MNA
Encounter Date: 08/13/2021 17:27	Unit: X03

Mood

Yes: Within Normal Limits

Exam Comments

faint hives evident to forehead and bilateral arms

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
206718-MNA	methylPREDNISolone 4 MG Tab [21 count Pack]	08/13/2021 17:27
<u>Prescriber Order:</u> Take by mouth daily as directed on package x 6 day(s)		
Indication: Dermatitis/eczema due to unspecified cause		

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/13/2021	Counseling	Access to Care	Caldwell, Annette	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 08/13/2021 17:30

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 11/11/1961	Facility: MNA
Encounter Date: 08/11/2021 08:07	Unit: X03

Bifocal Power Left: 2.25
Segment Height Right: 20
Segment Height Left: 20
Pupillary Width Distance Right: 63
Pupillary Width Near Right: 61
Frame Material: Plastic
Straight Top: X
28: X
Frame Style: FPI-2
Frame Color: Tort
Eye Size: 54
Bridge Size: 24
Temple Length and Style: 150

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hamilton, Richard O.D. on 08/11/2021 08:45

Requested to be cosigned by Archer, Kendes MD, CD.

Cosign documentation will be displayed on the following page.

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 1971-01-01
 Encounter Date: 08/11/2021 08:07

Sex: F Race: BLACK
 Provider: Hamilton, Richard O.D.

Reg #: 52247-066
 Facility: MNA
 Unit: X03

Plan: 1-2. RTC in 2 years
 3. Rx glasses

OBJECTIVE:

Exam:

Eyes

Slit Lamp

Yes: Normal Exam

Periorbital/Orbital/Lids

Yes: Normal Appearing

Conjunctiva and Sclera

Yes: Within Normal Limits

Cornea and Lens

Yes: Normal Appearing, Cataract: Nuclear

Iris

Yes: Normal Appearing

Pupils

Yes: Normal Appearing, PERRLA

Fundus Exam

Yes: Grossly Normal Retina

ASSESSMENT:

Age-related cataract, H259 - Current

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Optometry	08/09/2023	08/09/2023	Routine	No	
Subtype:					
Optometry					

Reason for Request:

RTC in 23 years due to Hypertension and cataracts. No retinopathy was seen today.

Disposition:

Will Be Placed on Callout

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/11/2021	Counseling	Plan of Care	Hamilton, Richard	Verbalizes Understanding

Spec Rx: Completed on 08/11/2021 08:19

Sphere Right: +1.25

Sphere Left: +1.50

Cylinder Left: -0.50

Axis Left: 95

Bifocal Power Right: 2.25

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/17/1955	Provider: Caldwell, Annette ARNP	Facility: MNA	Unit: X03
Encounter Date: 07/07/2021 07:00			

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: GENERAL

Subjective: Presents to medical with complaints of lip swelling and itching since last night. Recurrent issue. No anaphylaxis reported. Unable to identify what the possible culprit could be for these reactions.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/07/2021	07:00 MNA	98.0	36.7		Caldwell, Annette ARNP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/07/2021	07:00	72			Caldwell, Annette ARNP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/07/2021	07:00 MNA	18	Caldwell, Annette ARNP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/07/2021	07:00 MNA	113/72				Caldwell, Annette ARNP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/07/2021	07:00 MNA	100		Caldwell, Annette ARNP

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/11/1966	Facility: MNA
Encounter Date: 07/07/2021 07:00	Unit: X03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	One Time Dose Given: Given Now	

Disposition:

Follow-up at Sick Call as Needed

Other:

inmate to finish medrol dose pack

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/07/2021	Counseling	Access to Care	Caldwell, Annette	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 07/07/2021 14:51

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 1971-01-01	Facility: MNA
Encounter Date: 07/07/2021 07:00	Unit: X03

Exam:**General****Affect**

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

Cardiovascular**Observation**

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR)

Mental Health**Posture**

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Mood

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Exam Comments

swelling evident to top lip

no respiratory issues

faint hives evident to forehead and bilateral arms

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	MethylPREDNISolone Sod Succinate Inj	07/07/2021 07:00
<u>Prescriber Order:</u> 40mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only		
Indication: Dermatitis/eczema due to unspecified cause		
Start Now: Yes		
Night Stock Rx#:		
Source: Pyxis		
Admin Method: Pill Line		
Stop Date: 07/07/2021 07:00		
MAR Label: 40mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only		

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth:	Facility: MNA
Encounter Date: 06/29/2021 17:03	Unit: X03

Exam:**General****Affect**

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Mental Health**Posture**

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Mood

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Dermatitis/eczema due to unspecified cause, 692.9 - Current

PLAN:**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
zAllergy Testing-General-Gluten (f79) IgE Labs requested to be reviewed by:	One Time Archer, Kendes MD, CD	07/29/2021 00:00	Routine

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Caldwell, Annette ARNP on 06/29/2021 17:04

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth:			Facility: MNA
Encounter Date: 06/29/2021 17:03		Provider: Caldwell, Annette ARNP	Unit: X03

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Recurrent hives today on forehead, both arms, and legs. Reports onset 3-4 weeks ago and has just progressively worse with itching. Received Benadryl over the weekend which stopped itching but did not take away rash. Denies ingesting new foods or using different skin products. No new environmental factor exposure.

Pain: Yes

Pain Assessment

Date: 06/29/2021 09:41

Location: Generalized

Quality of Pain: Burning

Pain Scale: 9

Intervention: tbd

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 1 Month

Duration: 1 Month

Exacerbating Factors: unknown

Relieving Factors: unknown

Reason Not Done:

Comments:

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

No: Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

OBJECTIVE:

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/10/1981	Provider: Pittman, Brandy RN		Facility: MNA
Encounter Date: 06/29/2021 09:40			Unit: X03

Nursing - Follow up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pittman, Brandy RN

Chief Complaint: Skin Problem

Subjective: "I have these hives all over my body. A couple of weeks ago this happened and they treated me with some pills."

Pain: Yes

Pain Assessment

Date: 06/29/2021 09:41

Location: Generalized

Quality of Pain: Burning

Pain Scale: 9

Intervention: tbd

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 1 Month

Duration: 1 Month

Exacerbating Factors: unknown

Relieving Factors: unknown

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/29/2021	09:42 MNA	97.1	36.2		Pittman, Brandy RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/29/2021	09:42	67			Pittman, Brandy RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/29/2021	09:42 MNA	16	Pittman, Brandy RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/29/2021	09:42 MNA	126/72				Pittman, Brandy RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
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Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 11/11/1981			Facility: MNA
Encounter Date: 06/27/2021 18:30		Provider: DePaul, Stephanie RN	Unit: X03

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: DePaul, Stephanie RN
 Chief Complaint: Skin Problem
 Subjective: "I am breaking out again on my face"
 Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/28/2021	12:44 MNA	97.7	36.5		DePaul, Stephanie RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/28/2021	12:44	80			DePaul, Stephanie RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/28/2021	12:44 MNA	15	DePaul, Stephanie RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/28/2021	12:44 MNA	134/78				DePaul, Stephanie RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/28/2021	12:44 MNA	99		DePaul, Stephanie RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Exam Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

AA0x3, steady gait, no s/sx of distress noted, no respiratory distress noted. Inmate comes to medical stating her hives have gotten worse since she questioned me about it at 1530. she has welts to her forehead, inner arms and right upper back. She said this has been an ongoing issue and was controlled when she was "on some pills for it" but as soon as she stopped the medication the welts started coming back but explains that today it is much worse than before. Per protocol, Benadryl 50mg IM given in left deltoid. Instructed to f/u with medical tomorrow morning if condition persists.

Instructed to return to sick call if any s/sx discussed or if complaint is not resolved or worsens.

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 12/10/1970	Facility: MNA
Encounter Date: 06/29/2021 09:40	Unit: X03

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/29/2021	09:42 MNA	99		Pittman, Brandy RN

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Exam Comments

Inmate seen at s/c for c/o hives all over her body. Inmate was informed that I would speak to Ms. Caldwell about seeing so that we can figure out a plan of care to treat the hives as this has become a recurrent issue. Inmate is a&ox4, eyes PERRLA, EOM intact, speech clear, moving all extremities equally, and in no apparent distress.

ASSESSMENT:

Condition Stable

PLAN:

Disposition:

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/29/2021	Counseling	Access to Care	Pittman, Brandy	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pittman, Brandy RN on 06/29/2021 09:47

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 1971-01-01	Facility: MNA
Encounter Date: 06/27/2021 18:30	Unit: X03

ASSESSMENT:

Allergic Response

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	diphenhydramine Injection	06/27/2021 18:30
<u>Prescriber Order:</u> 50 mg Intramuscularly one time PRN x 1 day(s) Pill Line Only		
Start Now: Yes		
Night Stock Rx#:		
Source: Pyxis		
Admin Method: Pill Line		
Stop Date: 06/28/2021 18:29		
MAR Label: 50 mg Intramuscularly one time PRN x 1 day(s) Pill Line Only		
One Time Dose Given: No		

Disposition:

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/28/2021	Counseling	Access to Care	DePaul, Stephanie	Verbalizes Understanding
06/28/2021	Counseling	Plan of Care	DePaul, Stephanie	Verbalizes Understanding

Copay Required: Yes**Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Archer, Kendes MD, CD**Telephone or Verbal order read back and verified.**

Completed by DePaul, Stephanie RN on 06/28/2021 12:55

Requested to be cosigned by Archer, Kendes MD, CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Caldwell, Annette ARNP.

Review documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/17/1977			Facility: MNA
Encounter Date: 06/11/2021 07:45		Provider: Caldwell, Annette ARNP	Unit: X03

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: Skin Problem

Subjective: Recurrent pruritic rash to back and arms which responds well to Benadryl and Steroids.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue, Fever

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Yes: Within Normal Limits

Psychiatric

General

Yes: Within Normal Limits

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/11/2021	07:45 MNA	97.3	36.3		Caldwell, Annette ARNP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/11/2021	07:45	66			Caldwell, Annette ARNP

Respirations:

Date	Time	Rate Per Minute	Provider
06/11/2021	07:45 MNA	18	Caldwell, Annette ARNP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/11/2021	07:45 MNA	112/79				Caldwell, Annette ARNP

SaO2:

Date	Time	Value(%)	Air	Provider
06/11/2021	07:45 MNA	100		Caldwell, Annette ARNP

Exam:

General

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 11/11/1971	Facility: MNA
Encounter Date: 06/11/2021 07:45	Unit: X03

Affect

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Mental Health**Posture**

Yes: Within Normal Limits

Affect

Yes: Within Normal Limits

Mood

Yes: Within Normal Limits

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Exam Comments

slightly raised red circular/papular rash to back and arms

ASSESSMENT:

Rash and other nonspecific skin eruption, R21 - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	diphenhydramine Injection	06/11/2021 07:45
	Prescriber Order: 50mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	
	Indication: Rash and other nonspecific skin eruption	
	Start Now: Yes	
	Night Stock Rx#:	
	Source: Pyxis	
	Admin Method: Pill Line	
	Stop Date: 06/11/2021 07:45	
	MAR Label: 50mg Intramuscularly One Time Dose Given PRN x 0 day(s) Pill Line Only	
	One Time Dose Given: Given Now	
	Methylprednisolone Tab 4 MG (Dose	06/11/2021 07:45
	Pack 21 tab)	
	Prescriber Order: 4mg Orally - daily x 6 day(s)	
	Indication: Rash and other nonspecific skin eruption	

Disposition:

Follow-up at Sick Call as Needed

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/10/1970			Facility: MNA
Encounter Date: 05/26/2021 16:49		Provider: Caldwell, Annette ARNP	Unit: X03

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Caldwell, Annette ARNP

Chief Complaint: ORTHOPEDIC/RHEUMATOLOGY

Subjective: Reports long history of sciatic pain which causes her to limp at times, aggravated by sitting long periods. Reports fell at work and is concerned she may have injured her left wrist/hand area. Requests to stop Elavil because it does not help with the pain and just causes her to sleep, wants to increase Trileptal.

Pain: Yes

Pain Assessment

Date: 05/10/2021 12:03

Location: Generalized

Quality of Pain: Aching

Pain Scale: 8

Intervention: TBD

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 2-6 Months

Duration: 2-6 Months

Exacerbating Factors: Unknown

Relieving Factors: Unknown

Reason Not Done:

Comments:

COMPLAINT 2 Provider: Caldwell, Annette ARNP

Chief Complaint: MENTAL HEALTH

Subjective: Wants to re-start Fluoxetine, thought she did not need it but depression symptoms have returned.

Pain: No

COMPLAINT 3 Provider: Caldwell, Annette ARNP

Chief Complaint: Female Health Complaint

Subjective: Reports no longer having burning with urination.

Pain: No

ROS:

General

Constitutional Symptoms

No: Anorexia, Chills, Easily Tired, Fatigue

Cardiovascular

General

Yes: Within Normal Limits

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 1971-01-01	Facility: MNA
Encounter Date: 05/26/2021 16:49	Unit: X03

Pulmonary**Respiratory System**

Yes: Within Normal Limits

Psychiatric**General**

Yes: Mood-Down

No: Suicide/Self-Harm Thoughts, Homicide/Other Harm Thoughts

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/26/2021	16:51	MNA	98.0	36.7	Caldwell, Annette ARNP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/26/2021	16:51	77			Caldwell, Annette ARNP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/26/2021	16:51	MNA	18 Caldwell, Annette ARNP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/26/2021	16:51	MNA	128/77			Caldwell, Annette ARNP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/26/2021	16:51	MNA	100	Caldwell, Annette ARNP

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
05/26/2021	16:51	MNA	171.4	77.7	Caldwell, Annette ARNP

Exam:**General****Affect**

Yes: Cooperative

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Mental Health**Affect**

Yes: Appropriate

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 11/11/1961	Facility: MNA
Encounter Date: 05/26/2021 16:49	Unit: X03

Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Low back pain, lumbago, 724.2 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	OXcarbazepine Tablet	05/26/2021 16:49
	<u>Prescriber Order:</u> 600mg Orally - Two Times a Day x 180 day(s) Pill Line Only -- May self carry	
	Indication: Low back pain, lumbago, Sciatica	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
203759-MNA	FLUoxetine HCl 10 MG Cap	05/26/2021 16:49
	<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam) x 180 day(s)	
	Indication: Adjustment disorder	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
204422-MNA	Amitriptyline 25 MG Tab	05/26/2021 16:49
	<u>Prescriber Order:</u> Take one tablet by mouth daily	
	Discontinue Type: Immediate	
	Discontinue Reason: discontinue	
	Indication:	
203763-MNA	OXcarbazepine 600 MG Tab	05/26/2021 16:49
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime for pain	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Hand-General [Left]	One Time		06/02/2021	Routine
Specific reason(s) for request (Complaints and findings):				
fall				
General Radiology-Elbow-General [Left]	One Time		06/03/2021	Routine
Specific reason(s) for request (Complaints and findings):				
fall				

Disposition:

Follow-up at Sick Call as Needed

Other:

increase Trileptal continue self PT, DC Elavil
re-start fluoxetine, inmate signed consent

Patient Education Topics:

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/10/1971	Facility: MNA
Encounter Date: 05/25/2021 09:34	Unit: X03

Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Condition Stable

PLAN:

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Wrist-2 View AP/Lat [Left]	One Time		06/02/2021	Routine

Specific reason(s) for request (Complaints and findings):

left wrist swollen after fall on 5/24

Disposition:

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/25/2021	Counseling	Access to Care	Pittman, Brandy	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pittman, Brandy RN on 05/25/2021 09:47

Requested to be cosigned by Archer, Kendes MD, CD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 1971-01-01	Provider: Pittman, Brandy RN		Facility: MNA
Encounter Date: 05/25/2021 09:34			Unit: X03

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 **Provider:** Pittman, Brandy RN

Date of Injury: 05/24/2021 13:45 **Date Reported for Treatment:** 05/25/2021 09:34

Work Related: No **Work Assignment:** RECYCLE

Pain Location:

Pain Scale: 7

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

walking at work and fell

Cause of Injury (Inmate's Statement of how injury occurred):

I was walking and tripped over my feet and fell

Symptoms (as reported by inmate):

pain in left wrist/swollen

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/25/2021	09:39 MNA	98.0	36.7		Pittman, Brandy RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/25/2021	09:39	96			Pittman, Brandy RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/25/2021	09:39 MNA	16	Pittman, Brandy RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/25/2021	09:39 MNA	114/73				Pittman, Brandy RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/25/2021	09:39 MNA	99		Pittman, Brandy RN

Exam Comments

Inmate reports to medical d/t injury sustained yesterday while at work. Inmate states, "I was walking at work and tripped and fell. I don't want to cause a lot of fuss it is just hurting today and I would like to get it wrapped up." Left wrist was visibly swollen. Ace wrap applied to left wrist. Will schedule for xray to r/o fracture. Otherwise inmate a&ox3, MAEE, and in no apparent distress.

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/17	Facility: MNA
Encounter Date: 05/10/2021 12:03	Unit: X03

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
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Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Pulmonary**Observation/Inspection**

No: Respiratory Distress

Cardiovascular**Observation**

No: Cardiopulmonary Distress

ROS Comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

Reports chronic sciatic nerve pain.

Denies any HA, dizziness, SOB, chest pain, fever, chills, DOE, nausea, vomiting, diarrhea, dysuria, confusion, dysphasia, tingling, numbness, weakness, fatigue or visual changes.

Gait is WNL at triage.

Exam Comments

Denies any recent trauma.

Comments

Will schedule to see provider for complaints of sciatic like pain.

ASSESSMENT:

Condition Stable

PLAN:**Other:**

Already on scheduler for sciatic like pain and pain with urination.
Updated complaint.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/10/2021	Counseling	Access to Care	Floyd, Brett	Verbalizes Understanding
05/10/2021	Counseling	Plan of Care	Floyd, Brett	Verbalizes Understanding

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Floyd, Brett RN, QI/IPC on 05/10/2021 12:07

Requested to be cosigned by Archer, Kendes MD, CD.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 1970-01-01	Provider: Floyd, Brett RN, QI/IPC	Facility: MNA	Unit: X03
Encounter Date: 05/10/2021 12:03			

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Floyd, Brett RN, QI/IPC

Chief Complaint: Pain

Subjective: "My sciatic nerve is bothering me and it has been bothering me" "I need to see someone for it"

Pain: Yes

Pain Assessment

Date: 05/10/2021 12:03

Location: Generalized

Quality of Pain: Aching

Pain Scale: 8

Intervention: TBD

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 2-6 Months

Duration: 2-6 Months

Exacerbating Factors: Unknown

Relieving Factors: Unknown

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/10/2021	12:03 MNA	96.8	36.0		Floyd, Brett RN, QI/IPC

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/10/2021	12:03	73			Floyd, Brett RN, QI/IPC

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/10/2021	12:03 MNA	16	Floyd, Brett RN, QI/IPC

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/10/2021	12:03 MNA	146/80				Floyd, Brett RN, QI/IPC

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/10/2021	12:03 MNA	97		Floyd, Brett RN, QI/IPC

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 11/11/1971	Provider: Pittman, Brandy RN	Facility: MNA	Unit: X03
Encounter Date: 04/26/2021 12:56			

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pittman, Brandy RN

Chief Complaint: Other Problem

Subjective: "When I pee it hurts and my sciatic nerve has been bothering me."

Pain: Yes

Pain Assessment

Date: 04/26/2021 12:57

Location: Other

Quality of Pain: Sharp

Pain Scale: 8

Intervention: tbd

Trauma Date/Year:

Injury: activity and posture
sciatic nerve

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: unknown

Relieving Factors: unknown

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/26/2021	12:58 MNA	98.4	36.9		Pittman, Brandy RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/26/2021	12:58	71			Pittman, Brandy RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/26/2021	12:58 MNA	17	Pittman, Brandy RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/26/2021	12:58 MNA	128/78				Pittman, Brandy RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/26/2021	12:58 MNA	98		Pittman, Brandy RN

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/10/1958			Facility: MNA
Encounter Date: 04/09/2021 09:25		Provider: Archer, Kendes MD, CD	Unit: X03

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Archer, Kendes MD, CD

Chief Complaint: Chronic Care Clinic

Subjective: Patient is a 62-year-old black Hispanic female with a past medical history significant for Hypothyroidism, Hypertension, GERD, Vertigo and Osteoarthritis. Most recent PPD (5/11/20) =0mm. Patient reports prior to incarceration, she was not regularly being followed by a physician for her chronic medical issues. On this clinic visit, patient has no acute complaints related to her above chronic care issues. Patient reports being compliant with current medication regimen. Patient denies any adverse reaction. Patient attends to ADLs, and tolerating a regular diet. Patient currently, denies chest pain, nausea, vomiting constipation, diarrhea, blurred vision, headaches, suicidal and homicidal ideation, hallucination, denies motor and sensory deficit at this time and all other symptoms.

Patient was counseled regarding nutrition and to pick heart healthy items out of the main line, to maintain a routine exercise regimen, she was encouraged to avoid substance abuse, drugs and alcohol. She received counseling regarding infectious disease risk such as having sex while in prison and/or receiving in-house tattoos.

Family History: non-contributory

Social History: Polysubstance abuse ---denies

Past Surgical History/Hospitalization(s): None

Mental Health History: None

Allergies reviewed: NKDA

Pain: No

Seen for clinic(s): Endocrine/Lipid, Gastrointestinal, General, Hypertension, Orthopedic/Rheumatology

ROS:

General

Constitutional Symptoms

No: Chills, Easily Tired, Fatigue

HEENT

Neck

No: Pain, Stiffness, Swelling

Cardiovascular

General

No: Cough, Cyanosis, Edema, Exertional dyspnea

Pulmonary

Respiratory System

No: Cough, lasting greater than one week, DOE, Dyspnea

GI

General

No: Belching, Bloating, Blood in Stools

Endocrine

General

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/10/1983	Provider: Pittman, Brandy RN	Facility: MNA	Unit: X03
Encounter Date: 04/26/2021 12:56			

Date	Time	Value(%)	Air	Provider
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Exam Comments

Inmate reports to sick call with c/o of pain upon urination and sciatic nerve pain. Inmate is a&ox3, eyes PERRLA, EOM intact, speech clear, moving all extremities equally, and in no apparent distress. Urine dipstick performed and no abnormalities were noted, urine was yellow and clear. Will place on schedule to see provider. Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up pain upon urination-urine dipstick revealed nothing sciatic pain	05/11/2021 00:00	MLP 02

Disposition:

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/26/2021	Counseling	Access to Care	Pittman, Brandy	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pittman, Brandy RN on 04/26/2021 13:03

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 1971-01-01	Facility: MNA
Encounter Date: 04/09/2021 09:25	Unit: X03

No: M/R/G

Peripheral Vascular

Legs

No: Homan's Sign, Calf Tenderness, Toe Ulceration(s), Ankle Ulceration(s)

Abdomen

Inspection

No: Dilated Veins, Ascites, Rash

Auscultation

Yes: Normo-Active Bowel Sounds

Percussion

Yes: Tympany, Normal Liver Span

Palpation

Yes: Soft

No: Guarding, Rigidity, Tenderness on Palpation

ROS comments

Patient's allergies, sensitivities, and reactions were reviewed and updates applied during this visit as indicated. See Chart: Allergies for most recent patient allergy list.

ASSESSMENT:

Anemia, unspecified, 285.9 - Current

Dermatitis/eczema due to unspecified cause, 692.9 - Current

Esophageal reflux, 530.81 - Current

Hypertension, Unspecified essential, 401.9 - Current

Hypothyroidism unspecified, 244.9 - Current

Sciatica, 724.3 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Amitriptyline Tablet	04/09/2021 09:25
	<u>Prescriber Order:</u> 25mg Orally - daily x 90 day(s) Pill Line Only	
	Indication: Sciatica	
	Omeprazole Capsule	04/09/2021 09:25
	<u>Prescriber Order:</u> 20mg Orally - daily x 180 day(s)	
	Indication: Esophageal reflux	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
203759-MNA	FLUoxetine HCl 10 MG Cap	04/09/2021 09:25
	<u>Prescriber Order:</u> Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: discontinue	
	Indication:	

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/10/1970	Facility: MNA
Encounter Date: 04/09/2021 09:25	Unit: X03

Yes: Hx of Thyroid Dx

No: Exophthalmos, Goiter, Hair Changes, Intolerance to Heat/Cold

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/12/2021	12:51 MNA	98.2	36.8	Oral	Archer, Kendes MD, CD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/12/2021	12:51	78	Via Machine	Regular	Archer, Kendes MD, CD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/12/2021	12:51 MNA	16	Archer, Kendes MD, CD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/12/2021	12:51 MNA	116/73	Right Arm	Sitting	Adult-regular	Archer, Kendes MD, CD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/12/2021	12:51 MNA	98	Room Air	Archer, Kendes MD, CD

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well

Head

General

Yes: Atraumatic/Normocephalic

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Fundus Exam

Yes: Grossly Normal Retina

Neck

Thyroid

No: Multinodular, Nodule, Tenderness

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA		Reg #:	52247-066
Date of Birth:	-----	Sex:	F	Race:BLACK
Note Date:	03/17/2021 12:37	Provider:	Festa, M. APRN	
			Facility:	COL
			Unit:	F01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Festa, M. APRN

Will remove duplicate lab orders at this time.

Discontinued Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	03/26/2021 00:00	Routine
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	04/09/2021 00:00	Routine

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Festa, M. APRN on 03/17/2021 12:38

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/17/1977	Facility: MNA
Encounter Date: 04/09/2021 09:25	Unit: X03

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Chronic Care Clinics-Endocrine/Lipid-CBC	One Time	05/10/2021 00:00	Routine
Chronic Care Clinics-Endocrine/Lipid-Lipid Profile			
Chronic Care Clinics-Endocrine/Lipid-TSH			
Chronic Care Clinics-Endocrine/Lipid- Comprehensive Metabolic Profile (CMP)			

Disposition:

Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/12/2021	Counseling	Access to Care	Archer, Kendes	Verbalizes Understanding

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Archer, Kendes MD, CD on 04/12/2021 13:07

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1970-01-01	Race:	BLACK
Encounter Date:	03/30/2021 09:54	Provider:	Albu-Gardner, Nikki MLP
Facility:	MNA		

Yes: Vital Signs w/O2 sat recorded in flowsheet, History of COVID (Date of + Result: June 2020)
 No: Cough, Shortness of Breath

HIV History:

When Tested: 2017
Test Result: Negative

When Diagnosed AIDS:**Last CD4:****Comments:**

Hepatitis: Denied

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: No
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments: chicken pox as a child

Last Hep B came back positive, please follow up

Abuse History: Denied

Physical: No
Emotional: No
Sexual: No
Comments: denies

Bureau of Prisons
Health Services
Health Screen

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1971-05-05	Race:	BLACK
Encounter Date:	03/30/2021 09:54	Provider:	Albu-Gardner, Nikki MLP
		Facility:	MNA

Seizures: Denied

Diabetes: Denied

Cardiovascular: Denied

CVA: Denied

Hypertension:

Age of Onset:

Comments: HTN X 8 years. Well-controlled with diet, exercise and medications.

Respiratory: Denied

Sickle Cell Anemia: Denied

Carcinoma/Lymphoma: Denied

Allergies: Denied

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Infectious Disease Risk Factors:

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles:

Female Sexual Partners (Last 5 Yrs): 1

Male Sexual Partners (Last 5 Yrs): None

Condom Use: Never

Sexual Contact With HIV+ Individual: No

Blood Product Transfusion: No

Travel Outside US: No

Tattoos: No

Comments:

Screenings:

COVID-19

Intake screening

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Race:	BLACK
Encounter Date:	03/30/2021 09:54	Provider:	Albu-Gardner, Nikki MLP
		Facility:	MNA

Observations:**Draining Skin Lesions:** No**Signs of Lice:** No**Signs of Scabies:** No**Signs of Recent Trauma:** No**Recent Tattoos:** No**Needle Marks:** No**Signs of Rash:** No**Open Sores:** No**Wounds:** No**Body Deformities:** No**Tremors:** No**Sweating:** No**Comments:****Alerts:**

<u>Alert</u>	<u>Start Date</u>	<u>Stop Date</u>
Pre-medicate	01/05/2010	

Comments: Metal screw LEFT shoulder from surgery 11/2009**Prosthetic Devices/Equipment:**

<u>Device/Equipment</u>	<u>Obtained From</u>
Pillow	BOP
Comments:	
Eye Glasses	Personal
Comments:	
Eye Glasses	BOP
Comments:	
Brace - knee	BOP
Comments: right knee and left knee	
Eye Glasses	BOP
Comments:	
C-Pap	BOP
Comments:	

Potential Items For Follow-up:Item

Hypertension History

Other Infectious Disease History

Substance Abuse History

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Race:	BLACK
Encounter Date:	03/30/2021 09:54	Provider:	Albu-Gardner, Nikki MLP

Mental Health:**Level of Consciousness:** Alert and Oriented**Psychomotor Activity:** Normal**General Appearance:** Normal**Behavior:** Cooperative**Mood:** Appropriate to Content**Thought Process:** Goal Directed**Thought Content:** Normal**Hx of Mental Health Treatment:** None**Hx of Head Injury:** None**Current Mental Health Treatment:** No**Current Mental Health Complaint:** No**Hx of Loss of Consciousness:** No**Hx of Hearing Voices:** No**Past History of Suicide Attempt:** No**Current Suicide Ideation:** No**Suicide Prevention Initiated:** No**Comments:** Taking Sertraline, stable
22 years incarcerated**Substance Use History:**

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Marijuana	> 5 years	Daily	Smoked		

Hx of Withdrawal Symptoms:**Comments:** back in 1998 smoked it**Current Painful Condition:****Location:** Left Shoulder pain and lower back pain**Other Health Issues:****Current Medical Conditions:****Other Current Treatments:****Pregnant:** No**Dental Condition:** Denied

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066	
Date of Birth:	Sex: F	Race: BLACK
Encounter Date: 03/30/2021 09:54	Provider: Albu-Gardner, Nikki MLP	Facility: MNA

Item

Current Painful Condition
 Brace - knee
 C-Pap
 Eye Glasses
 Pillow
 Pre-medicate
 PPD Administration Not Performed

Health Problems Newly Identified During This Encounter:

Health Problem**Medication Reconciliation.**

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Renew Medication Orders:

Rx#	Medication	Order Date
1009567- COX	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab	03/30/2021 09:54
	Prescriber Order: Take one tablet (1000 UNIT) by mouth each day x 365 day(s)	
	Indication: Vitamin D deficiency	
1012071- COX	Ferrous Gluconate 324 (5 GR) MG Tab	03/30/2021 09:54
	Prescriber Order: Take one tablet by mouth each day with food x 365 day(s)	
	Indication: Anemia, unspecified	
1032125- COX	FLUoxetine HCl 10 MG Cap	03/30/2021 09:54
	Prescriber Order: Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam) x 180 day(s)	
	Indication: Adjustment disorder	
1032126- COX	hydroCHLORothiazide 25 MG Tab	03/30/2021 09:54
	Prescriber Order: Take one tablet (25 MG) by mouth each day for blood pressure and fluid x 180 day(s)	
	Indication: Vertigo of central origin	
1032127- COX	LevoTHYROXINE Sodium 75 MCG Tab	03/30/2021 09:54
	Prescriber Order: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
1029860- COX	Meloxicam 15 MG Tab	03/30/2021 09:54
	Prescriber Order: Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine** x 180 day(s)	
	Indication: Shoulder (pain in joint, shoulder region)	
1033171- COX	Nystatin Cream 100,000 Unit/GM [30 GM]	03/30/2021 09:54

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Race:	BLACK
Encounter Date:	03/30/2021 09:54	Provider:	Albu-Gardner, Nikki MLP

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	<u>Prescriber Order:</u> Apply topically to the affected area(s) twice daily x 5 day(s)	
	Indication: Dermatitis/eczema due to unspecified cause	
1032128-COX	OXcarbazepine 600 MG Tab	03/30/2021 09:54
	<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s) Pill Line Only	
	Indication: Low back pain, lumbago, Sciatica	
1032129-COX	Verapamil HCl 80 MG Tab	03/30/2021 09:54
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
BOP	Continue	Rx	1009567-COX	Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab	Take one tablet (1000 UNIT) by mouth each day
BOP	Continue	Rx	1012071-COX	Ferrous Gluconate 324 (5 GR) MG Tab	Take one tablet by mouth each day with food
BOP	Continue	Rx	1032125-COX	FLUoxetine HCl 10 MG Cap	Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)
BOP	Continue	Rx	1032126-COX	hydroCHLORothiazide 25 MG Tab	Take one tablet (25 MG) by mouth each day for blood pressure and fluid
BOP	Continue	Rx	1032127-COX	LevoTHYROXINE Sodium 75 MCG Tab	Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism
BOP	Continue	Rx	1029860-COX	Meloxicam 15 MG Tab	Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**
BOP	Continue	Rx	1033171-COX	Nystatin Cream 100,000 Unit/GM [30 GM]	Apply topically to the affected area(s) twice daily
BOP	Continue	Rx	1032128-COX	OXcarbazepine 600 MG Tab	Take one tablet (600 MG) by mouth every night at bedtime (pain)
BOP	Continue	Rx	1032129-COX	Verapamil HCl 80 MG Tab	Take one tablet (80 MG) by mouth twice daily to control blood pressure
		OTC		No known OTCs	

Bureau of Prisons
Health Services
Medication Summary
Historical

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2021	End Date: 03/10/2022
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

diphenhydrAMINE HCl 50 MG/ML 1 ML Inj/Vial

Inject 50mg Intra-Muscularly one time AS NEEDED ***pill line*** ***pill line***

Rx#: 206187-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/11/21 **Exp:** 06/11/21

Pharmacy Dispensings: 0 ML in 0 day

diphenhydrAMINE HCl 50 MG/ML 1 ML Inj/Vial

50 mg Intramuscularly one time AS NEEDED x 1 day(s) Pill Line only ***pill line***

Rx#: 206686-MNA **Doctor:** Archer, Kendas (MOUD) MD

Start: 06/30/21 **Exp:** 07/01/21

Pharmacy Dispensings: 0 ML in 1 day

methylPREDNISolone SOD Succ 40 MG/ML 1 ML Inj

40mg Intramuscularly One Time Dose Given as needed x 0 day(s) Pill Line only ***pill line***

Rx#: 206716-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/30/21 **Exp:** 06/30/21

Pharmacy Dispensings: 0 EA in 0 day

methylPREDNISolone SOD Succ 40 MG/ML 1 ML Inj

Inject 40mg (1mL) Intra-Muscularly x1 dose AS NEEDED ***pill line*** ***pill line***

Rx#: 207034-MNA **Doctor:** Caldwell, Annette ARNP

Start: 07/09/21 **Exp:** 07/09/21

Pharmacy Dispensings: 0 EA in 0 day

Amitriptyline 25 MG Tab

Take one tablet by mouth daily ***pill line***

Rx#: 204422-MNA **Doctor:** Archer, Kendas (MOUD) MD

Start: 04/13/21 **Exp:** 07/12/21 **D/C:** 05/26/21

Pharmacy Dispensings: 30 TAB in 90 days

Ferrous Gluconate 324 (5 GR) MG Tab

Take one tablet by mouth each day with food

Rx#: 1012071-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/24/20 **Exp:** 09/24/21 **D/C:** 03/30/21

Pharmacy Dispensings: 210 TAB in 365 days

Ferrous Gluconate 324 (37.5 Fe) MG Tab

Take one tablet by mouth each day with food for low iron

Rx#: 203758-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 03/30/22 **D/C:** 03/11/22

Pharmacy Dispensings: 360 TAB in 365 days

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2021	End Date: 03/10/2022
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

Ivermectin 3 MG Tab UD

Take 5 tablets (15 mg) by mouth weekly for 14 days. Pill Line Only-Take first dose at evening pill line on 12/22/2021, repeat in one week, take with food. ***pill line***

Rx#: 213216-MNA **Doctor:** Caldwell, Annette ARNP

Start: 12/22/21 **Exp:** 12/24/21

Pharmacy Dispensings: 5 TAB in 2 days

Ivermectin 3 MG Tab UD

Take 5 tablets (15 mg) by mouth weekly for 14 days. Pill Line Only-Take first dose at evening pill line on 12/22/2021, repeat in one week, take with food. ***pill line***

Rx#: 213262-MNA **Doctor:** Caldwell, Annette ARNP

Start: 12/29/21 **Exp:** 12/30/21

Pharmacy Dispensings: 5 TAB in 1 day

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 1032127-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 203761-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 209384-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 1029860-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 02/04/21 **Exp:** 08/03/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 67 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 203762-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 TAB in 180 days

Meloxicam 15 MG Tab

Take one tablet (15 MG) by mouth each day with food for pain (ccv) *May increase risk of stomach bleed when taken with fluoxetine**

Rx#: 209385-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2021	End Date: 03/10/2022
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 1032125-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 203759-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 04/13/21 **Pharmacy Dispensings:** 30 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 205854-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 05/27/21 **Exp:** 11/23/21 **D/C:** 11/10/21 **Pharmacy Dispensings:** 180 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 211915-MNA **Doctor:** Caldwell, Annette ARNP

Start: 11/10/21 **Exp:** 05/09/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 150 CAP in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 1032126-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 203760-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 TAB in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 209383-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

Hydrocortisone Cream 1%, (OTC) 30 GM

Apply a thin layer topically three times a day as needed for 5 days- Do not send tube removed from PYSXIS.

Rx#: 206713-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/30/21 **Exp:** 07/05/21 **Pharmacy Dispensings:** 0 GM in 5 days

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2021	End Date: 03/10/2022
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 37 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime for pain

Rx#: 203763-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 05/27/21 **Pharmacy Dispensings:** 90 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth twice daily

Rx#: 205855-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 05/27/21 **Exp:** 11/23/21 **D/C:** 11/10/21 **Pharmacy Dispensings:** 360 TAB in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth twice daily

Rx#: 211916-MNA **Doctor:** Caldwell, Annette ARNP

Start: 11/10/21 **Exp:** 05/09/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 300 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 1032129-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Start: 02/25/21 **Exp:** 08/24/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 74 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 203764-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 09/26/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 360 TAB in 180 days

Verapamil HCl 80 MG Tab

Take one tablet (80 MG) by mouth twice daily to control blood pressure

Rx#: 209381-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 360 TAB in 180 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 1009567-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 09/02/20 **Exp:** 09/02/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 240 TAB in 365 days

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab

Take one tablet (1000 UNIT) by mouth each day

Rx#: 203756-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/30/21 **Exp:** 03/30/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 365 TAB in 365 days

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2021	End Date: 03/10/2022
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

methylPREDNISolone 4 MG Tab [21 count Pack]

Use as directed by mouth daily for six days

Rx#: 206179-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/11/21 **Exp:** 06/17/21

Pharmacy Dispensings: 21 TAB in 6 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take by mouth daily as directed on package

Rx#: 206718-MNA **Doctor:** Caldwell, Annette ARNP

Start: 06/30/21 **Exp:** 07/06/21

Pharmacy Dispensings: 21 TAB in 6 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take by mouth daily as directed on package

Rx#: 208498-MNA **Doctor:** Caldwell, Annette ARNP

Start: 08/16/21 **Exp:** 08/22/21

Pharmacy Dispensings: 21 TAB in 6 days

methylPREDNISolone 4 MG Tab [21 count Pack]

Take by mouth daily as directed on package

Rx#: 215218-MNA **Doctor:** Caldwell, Annette ARNP

Start: 02/25/22 **Exp:** 03/03/22

Pharmacy Dispensings: 21 TAB in 6 days

Nystatin Cream 100,000 Unit/GM [30 GM]

Apply topically to the affected area(s) twice daily

Rx#: 1033171-COX **Doctor:** Franco, Karina (MOUD) MD

Start: 03/05/21 **Exp:** 04/04/21 **D/C:** 03/30/21 **Pharmacy Dispensings:** 30 GM in 30 days

Nystatin Cream 100,000 Unit/GM [30 GM]

Apply topically to the affected area(s) twice daily for 5 days

Rx#: 203990-MNA **Doctor:** Albu-Gardner, Nikki (MOUD) PA-C

Start: 03/31/21 **Exp:** 04/05/21 **Pharmacy Dispensings:** 0 GM in 5 days

Omeprazole 20 MG Cap

Take one capsule by mouth daily

Rx#: 204423-MNA **Doctor:** Archer, Kendes (MOUD) MD

Start: 04/13/21 **Exp:** 10/10/21 **D/C:** 09/14/21 **Pharmacy Dispensings:** 180 CAP in 180 days

Omeprazole 20 MG Cap

Take one capsule (20 MG) by mouth each day "Chronic Care Verified"

Rx#: 209382-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 169 CAP in 180 days

OXcarbazepine 600 MG Tab

Take one tablet (600 MG) by mouth every night at bedtime (pain)

Rx#: 1032128-COX **Doctor:** Gopal, Swapna (MOUD) APRN

Bureau of Prisons
Health Services
Dental Health History Screen

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:		Facility:	MNA
Encounter Date:	07/19/2021 10:22	Unit:	X03

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 07/19/2021 10:22

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hypothyroidism unspecified	Current
Anemia, unspecified	Current
Hypertension, Unspecified essential	Current
Esophageal reflux	Current
Slow transit constipation	Current
Dermatitis/eczema due to unspecified cause	Current
Pityriasis rosea	Current
Shoulder (pain in joint, shoulder region)	Current
Low back pain, lumbago	Current
Sciatica	Current
BILATERAL	
Other disorder of bone and cartilage	Current
Headache	Current
Dysphagia, unspecified	Current
pt c/o choking sensation, intermittently and not always related to meals, will order imaging study to better assess and f/u post studies, pt understands and agrees	
LTBI Prophy Refused	Current
Tinea pedis	Current
Vitamin D deficiency	Current
Adjustment disorder	Current
Sleep apnea	Current
Other peripheral vertigo	Current
Vertigo of central origin	Current
Dental caries	Current
Fractured dental restorative material with loss of material	Current
Denture	
Cutaneous abscess, unspecified	Current
Rash and other nonspecific skin eruption	Current
Abnormal weight loss	Current
Encounter for gynecological exam (general) (routine) without abnormal findings	Current
Primary open angle glaucoma	Remission
Infective otitis externa, unspecified	Remission
Unspecified hemorrhoids without mention of comp	Remission
Acute upper respiratory infection of unspec site	Remission
Allergic rhinitis, cause unspecified	Remission
Dental caries, unspecified	Remission
Urticaria, unspecified	Remission
Hive like reaction.	
Diarrhea	Remission

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1971-01-01	Sex:	F
Encounter Date:	07/19/2021 10:22	Race:	BLACK
		Provider:	Collins, Joseph
		Facility:	MNA
		Unit:	X03

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: No
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments: chicken pox as a child

Other Health Issues:**Other Medical Conditions And Treatment:****Current Medical Conditions:****Other Current Treatments:**

Pregnant: No

Dental Observations as of Dental Health History Encounter date: 07/19/2021 10:22

History:

Alcohol: Yes
Methamphetamine: No
Tobacco products: No
Other drugs: Yes
Sensitive teeth: No
Bleeding gums: No
Food impaction: No
Pain around ear: No
Toothache: No
Wear partial dentures: Yes
Unusual sounds while eating: No
Snoring: No
Blisters on lips or mouth: No
Clenching or grinding: No
Swelling or lumps in mouth/throat: No
Burning tongue: No
Bad breath: No
Decayed teeth: No
Loose teeth: No
Wear dentures: Yes
None: No

Comments:

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1977-07-07	Facility:	MNA
Encounter Date:	07/19/2021 10:22	Unit:	X03

<u>Health Problem</u>	<u>Status</u>
Unspecified glaucoma	Remission
Mild glaucoma	
History of other injury	Remission
History of fall	Remission
Other elective surgery	Remission
AC JT separation repair	
Herpes zoster w/o mention of complication	Resolved
Overweight	Resolved
BMI=26 WT=166Lbs HT=67"	
Preglaucoma, unspecified	Resolved
Sinusitis, acute, unspecified	Resolved
Retained dental root	Resolved
Extracted #27, 28	
Oth and unspec noninfectious gastroenteritis	Resolved
Onychia and paronychia of finger	Resolved
per note in October	
Foot, contusion	Resolved
Head injury, unspecified	Resolved
Repair complete denture	Resolved
Pain in leg, unspecified	Resolved
right knee	
Confirmed case COVID-19	Resolved
released from isolation 8/10/20	

Medical History as of Dental Health History Encounter date: 07/19/2021 10:22

Medical History:

Allergies:	Denied
Seizures:	Denied
Diabetes:	Denied
Cardiovascular:	Denied
CVA:	Denied

Hypertension:

Age of Onset:

Comments: HTN X 10 years. Well-controlled with diet, exercise and medications.

Respiratory:	Denied
Sickle Cell Anemia:	Denied
Carcinoma/Lymphoma:	Denied

HIV History:

When Tested:	2017
Test Result:	Negative

When Diagnosed AIDS:

Last CD4:

Comments:

Hepatitis:	Denied
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Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 10/17/1955	Facility: MNA
Encounter Date: 07/19/2021 10:22	Unit: X03

Cardiac Condition Requiring Prophylaxis: No

Prosthetic joint(s): No

Radiation history of head or neck: No

Excessive bleeding: Yes

Bisphosphonates: No

Comments: Bleeds a lot. Takes iron. Never DX w/ bleeding disorder

Medications as of Dental Health History Encounter date: 07/19/2021 10:22

Medications:

Cholecalciferol (Vit D) 1000 UNIT (25Mcg) Tab Exp: 03/30/2022 SIG: Take one tablet (1000 UNIT) by mouth each day

Ferrous Gluconate 324 (37.5 Fe) MG Tab Exp: 03/30/2022 SIG: Take one tablet by mouth each day with food for low iron

FLUoxetine HCl 10 MG Cap Exp: 11/23/2021 SIG: Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

hydroCHLORothiazide 25 MG Tab Exp: 09/26/2021 SIG: Take one tablet (25 MG) by mouth each day for blood pressure and fluid

LevoTHYROXINE Sodium 75 MCG Tab Exp: 09/26/2021 SIG: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Meloxicam 15 MG Tab Exp: 09/26/2021 SIG: Take one tablet (15 MG) by mouth each day with food for pain (objective findings) *May increase risk of stomach bleed when taken with fluoxetine**

Omeprazole 20 MG Cap Exp: 10/10/2021 SIG: Take one capsule by mouth daily

OXcarbazepine 600 MG Tab Exp: 11/23/2021 SIG: Take one tablet (600 MG) by mouth twice daily

Verapamil HCl 80 MG Tab Exp: 09/26/2021 SIG: Take one tablet (80 MG) by mouth twice daily to control blood pressure

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Collins, Joseph DDS/CDO on 07/19/2021 10:26

Bureau of Prisons
Health Services
Dental Soap/Admin Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA			Reg #:	52247-066			
Date of Birth:		Sex:	F	Race:	BLACK	Facility:	MNA	
Note Date:	09/15/2021 11:34	Provider:	Collins, Joseph DDS/CDO				Unit:	X03

Reviewed Health Status: Yes

Administrative Note encounter performed at Satellite Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Collins, Joseph DDS/CDO

Discussed remaining TX. Patient opts to keep remaining teeth rather than lower CD, and plans to replace missing teeth at own expense after released.
 Fillings R/S due to lack of dental assistant.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Collins, Joseph DDS/CDO on 09/15/2021 11:37

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: }	Facility: MNA
Encounter Date: 07/28/2021 13:19	Unit: X03

<u>Rx#</u>	<u>Medication</u>	<u>Stop Date</u>	<u>SIG</u>
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No IVs to be Reconciled.

Other Active OTCs:

<u>Medication</u>	<u>OTC Source</u>	<u>Start Date</u>	<u>Stop Date</u>
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No OTCs to be Reconciled.

Disposition:

Will Be Placed on Callout

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/28/2021	Counseling	Diagnosis	Collins, Joseph	Verbalizes Understanding
07/28/2021	Counseling	Plan of Care	Collins, Joseph	Verbalizes Understanding

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Collins, Joseph DDS/CDO on 07/28/2021 13:26

Bureau of Prisons
Health Services
Dental Routine Care
Hygiene Appt

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 11/11/1970	Provider: Collins, Joseph		Facility: MNA
Encounter Date: 07/28/2021 13:19			Unit: X03

Reviewed Health Status: Yes

ASSESSMENTS:

Health Problems Newly Identified During This Encounter:

Health Problem

Allergies: Denied

Hygiene Appointment Type: Initial

Oral Hygiene: Poor

Oral Hygiene Comments: Brushes 2x/day, but does not floss.

CPITN:

x	x	x
x	2	x

Hygiene examination performed and documented: No

Head & Neck/Soft Tissue within normal limits? No

Comments: See comp exam notes

Comments:

Additional Findings and Procedures

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes	Materials Discussed: yes	Radiograph(s) Reviewed: yes
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Procedures Added or Updated on the Dental Treatment Plan During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
General	Prophylaxis	Refused
demonstrated OHC on model. Majority of calculus removed via cavitron and hand instruments, but patient reported she'd like to stop. Refusal signed and witnessed. Bleeding controlled at discharge.		

Medication Reconciliation.

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
No Medication or OTC items to be Reconciled.					

Other Active Medications

<u>Rx#</u>	<u>Medication</u>	<u>Stop Date</u>	<u>SIG</u>
No Medications to be Reconciled.			

Other Active IVs:

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 10/17/1971
 Encounter Date: 07/19/2021 10:46

Sex: F Race: BLACK
 Provider: Collins, Joseph

Reg #: 52247-066
 Facility: MNA
 Unit: X03

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Procedures Added or Updated on the Dental Treatment Plan During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
General	Panorex	Not Started

Comments: Has CD/broken RPD. Good retention, stability and support max CD. Minimal ridge support mandible. Advised CD/CD due to high caries right, mobility, and minimal teeth remaining. Stated /CD expected to drift around in mouth more due to minimal ridge support. Patient reported only interested in the RPD option. Advised need to improve oral hygiene for consideration of RPD.

Dental Perio

PD	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16
Mob																
Rec	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B	L B
PD								1	1	1						
Mob								1 2	1 1	2 2						
Rec	L B	L B	L B	L B	L B	L B	L B	1 2	2 2	1 2						
								1 2	1 1	2 2						
PD								1 2	1 1	2 2						
Mob								1 2	1 1	2 2						
Rec	L B	L B	L B	L B	L B	L B	L B	1 2	1 1	2 2						

Classification Name: Gingival Disease

Comments:

Medication Reconciliation.

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Reconciled Medications:

<u>Source</u>	<u>Action</u>	<u>Type</u>	<u>Rx#</u>	<u>Medication</u>	<u>Order Detail</u>
No Medication or OTC items to be Reconciled.					

Other Active Medications

<u>Rx#</u>	<u>Medication</u>	<u>Stop Date</u>	<u>SIG</u>
No Medications to be Reconciled.			

**Bureau of Prisons
Health Services
Dental Routine Care
Comp/Periodic Exam**

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #:	52247-066
Date of Birth: 10/17/1955	Provider:	Collins, Joseph	Facility:	MNA
Encounter Date: 07/19/2021 10:46			Unit:	X03

Reviewed Health Status: Yes

ASSESSMENTS:

Health Problems Newly Identified During This Encounter:

Health Problem

Allergies: Denied

Occlusion: Multiple Missing Teeth

Oral Hygiene: Poor

CPITN:

x	x	x
—	—	—
x	2	x

Hard and soft tissue examination performed and documented: Yes

Head & Neck/Soft Tissue within normal limits? No

Comments: s; unaware of lesions. Takes dentures out to clean, but usually leaves them in through the night.
o; red patch w/ minor (<1mm) bumps right and left hard palate.
a; Differential DX 1) Denture Sore 2) Erythematous Candidiasis
p; Explained findings. Advised keep dentures out at night and see if it heals. Showed patient w/ mirror.

Decayed: 3 Missing: 29 Filled: 3

Additional Findings:

Comments:

Additional Findings and Procedures

PROCEDURE:

Dental Procedures

Universal Protocol Followed: yes Materials Discussed: yes Radiograph(s) Reviewed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
#24	Periapical Radiograph	Completed
General	Treatment Plan Examination	Completed

Procedures Added or Updated on the Dental Treatment Plan During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
#23-DL	Composite Restoration	Not Started
#24-D	Composite Restoration	Not Started
#25-LF	Composite Restoration	Not Started
General	Prophylaxis	Not Started
General	All Planned Routine Treatment Completed	Not Started

76425

10701446 LI-1 T-76425 12/30/2021

Patient Name
52247-066 LI-1Customer PO
SMITHPAMELA**748292**Customer Code and Name
391908 - PAMELA SMITH*Ordaez, Lazana**CRANT*

Frame Style - Color - Size

FPI-2 BLK 54.24.150**000000000012** Frame SKU
012 Frame Bin

	A	B	ED	Circ	DBL
R	53.79	43.63	57.32	160.01	21.92
L	53.64	43.56	57.38	159.71	

Material	Lens Type	Color	Vendor	Blank Size	Base	Add
R CR-39	ST28	CLEAR	SHORE	70	6.25	2.25
	Right Lens Bin	03	0037767712	Right Lens SKU		
	Left Lens Bin	03	0037767704	Left Lens SKU		
L CR-39	ST28	CLEAR	SHORE	70	6.25	2.25

Sphere	Cylinder	Axis	Far PD	Near PD	Add	Seg Ht	BOC	Prism 1	Prism 2
R 1.25	0.00	0	31.50	30.50	2.25	20.00	4.00		
L 1.50	-0.50	95	31.50	30.50	2.25	20.00	4.00		

RIGHT LENS	PL CR39 BIF FT28 UNC SHRLN 70S 625/225	14.50
LEFT LENS	PL CR39 BIF FT28 UNC SHRLN 70S 625/225	14.50
FRAME	FPI-2 BLK 54.24.150	15.00

*Ordaez
01-14-2022
Signature*

0.00
\$ 44.00

SHIP TO:

JESSICA MOONEYHAM
FCI MARIANNA 3625 FCI ROAD
MARIANNA, FL 32448

8292

Purchase Order #
SMITHPAMELA

52247-066 LI-1

10701446 LI-1 T-76425 12/30/2021

UNICOR FCI Butner, NC (919) 575-2050 (919) 575-6280 - Fax.



FCI Marianna MNA

Patient: **ORDAZ, LAZARA (Female)** DOB:
Register#: **52247-066** Age: **62**
Date: **06/03/21 14:13** Status: **OP**
Slicecount: **5**
History: **PAIN AND SWELLING AFTER FALL**
Priors:
Exams: **FILM LEFT ELBOW, FILM LEFT WRIST, FILM LEFT HAND**
Referring Phy:
Ordering Phy:
Ordering Phy #:
Accession Numbers: **202#BOP00261620**

Final Report

Exam: FILM LEFT ELBOW

HISTORY: Pain and swelling after fall

TECHNIQUE: 2 views obtained

COMPARISON: No prior imaging available

FINDINGS: There is no soft tissue abnormality. There is no radiographic evidence for acute fracture. There is no joint space malalignment. Articular surfaces are smooth. Joint spaces are maintained. Bone mineralization is normal for age.

IMPRESSION:

Unremarkable left elbow radiographs.

Exam: FILM LEFT WRIST

HISTORY: Pain and swelling after fall

TECHNIQUE: 3 views obtained

COMPARISON: No prior imaging available

FINDINGS: There is no soft tissue abnormality. There is no radiographic evidence for acute fracture. There is no joint space malalignment. Bone mineralization is normal for age.

IMPRESSION:

No radiographic evidence for an acute fracture or joint space malalignment in the left wrist.

Exam: FILM LEFT HAND

HISTORY: Pain and swelling after fall

TECHNIQUE: 3 views obtained

COMPARISON: No prior imaging available

FINDINGS: There is no soft tissue abnormality. There is no radiographic evidence for acute fracture. There is no joint space malalignment. Bone mineralization is normal for age. There is moderate osteoarthritis at the first CMC joint. Remaining joint spaces are maintained.

Inmate Name: ORDAZ, LAZARA
 Date of Birth: 11/11/1971
 Encounter Date: 03/05/2021 08:43

Sex: F Race: BLACK
 Provider: Franco, Karina MD

Reg #: 52247-066
 Facility: COL
 Unit: F01

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Rhonchi, Wheezing

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Peripheral Vascular

Legs

No: Homan's Sign, Calf Tenderness

Abdomen

Palpation

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity, Tenderness on Palpation

Mental Health

Grooming/Hygiene

Yes: Appropriate Grooming

Affect

Yes: Appropriate

Mood

Yes: Appropriate

Thought Content

Yes: Within Normal Limits, Appropriate, Goal Directed

No: Compulsive, Obsessive, Phobias, Anxious

ASSESSMENT:

Sleep apnea, G4730 - Current

Tinea pedis, B353 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Nystatin Cream 100,000 Unit/GM	03/05/2021 08:43
	Prescriber Order: 100,000 Topically - Two Times a Day x 30 day(s)	
	Indication: Dermatitis/eczema due to unspecified cause	

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/05/2021	Counseling	Access to Care	Franco, Karina	Verbalizes Understanding

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 1977-05-05	Provider: Franco, Karina MD	Facility: COL	Unit: F01
Encounter Date: 03/05/2021 08:43			

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Franco, Karina MD

Chief Complaint: Other Problem

Subjective: 62 y/o female patient who is today for f/u for sleep study. Report positive to MODERATE sleep apnea. Today she is c/o skin rash on both feet with several months evolution. She has tried OTC meds. She denies any other acute symptoms.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/05/2021	09:25 COX	96.0	35.6		Franco, Karina MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/05/2021	09:25 COX	66			Franco, Karina MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/05/2021	09:25 COX	14	Franco, Karina MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/05/2021	09:25 COX	143/79				Franco, Karina MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/05/2021	09:25 COX	100		Franco, Karina MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Skin

Lesions

Yes: Vesicles, Erosions, Scaling

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

No: Facial Asymmetry

Neck

General

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1975-07-07	Sex:	F
Note Date:	02/25/2021 08:42	Race:	BLACK
		Provider:	Gopal, Swapna APRN
		Facility:	COL
		Unit:	F01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Gopal, Swapna APRN

A chart review has been conducted including labs, vitals, recent notes, medications, and diagnosis. Chart review data indicates that patient is stable on current medication therapy, no medication changes indicated. A refill of medications will be entered to prevent lapse of therapy before next scheduled chronic care visit.

Inmate allergies reviewed and needed updates were applied during this visit -- see Chart: Allergies for current inmate allergy list.

Renew Medication Orders:

Rx#	Medication	Order Date
1009617-COX	FLUoxetine HCl 10 MG Cap	02/25/2021 08:42
	Prescriber Order: Take one capsule (10 MG) by mouth each day *consent form on file * x 180 day(s)	
	Indication: Adjustment disorder	
1009568-COX	hydroCHLORothiazide 25 MG Tab	02/25/2021 08:42
	Prescriber Order: Take one tablet (25 MG) by mouth each day x 180 day(s)	
	Indication: Vertigo of central origin	
1009569-COX	LevoTHYROXINE Sodium 75 MCG Tab	02/25/2021 08:42
	Prescriber Order: Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism x 180 day(s)	
	Indication: Hypothyroidism unspecified	
1009571-COX	OXcarbazepine 600 MG Tab	02/25/2021 08:42
	Prescriber Order: Take one tablet (600 MG) by mouth every night at bedtime (pain) x 180 day(s)	
	Indication: Low back pain, lumbago, Sciatica	
1009572-COX	Verapamil HCl 80 MG Tab	02/25/2021 08:42
	Prescriber Order: Take one tablet (80 MG) by mouth twice daily to control blood pressure x 180 day(s)	
	Indication: Hypertension, Unspecified essential	

Disposition:

Follow-up at Sick Call as Needed

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Gopal, Swapna APRN on 02/25/2021 09:24

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1/1/1980	Sex:	F
Note Date:	02/17/2021 10:41	Race:	BLACK
		Provider:	Bailey, S. IOP/IDC/RN
		Facility:	COL
		Unit:	F01

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bailey, S. IOP/IDC/RN

Patient was seen within 24 hours by other medical staff, the documentation of patient assessments is in the paper roster flow sheet that is kept by the IDC at the institution. Inmate has remained in quarantine with daily assessment that includes temperatures and signs/symptoms. As per the staff member who performed the assessment within 24 hours and the documented in the paper flow sheet her temperature was 97.3 F. She has

2 negative RT-PCR test, including one quest test and 14 days of negative CDC symptoms. Furthermore, the inmate does not have any of the following CDC symptoms related to COVID-19 disease that include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. The inmate had daily temperatures screening during the quarantine period that were within normal limits as per the paper roster flow sheets. The inmate has been asymptomatic during the quarantine period as per the paper roster flowsheets. Therefore, as per the Clinical Director designee this inmate is cleared from medical Standpoint

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Bailey, S. IOP/IDC/RN on 02/17/2021 10:42

Requested to be cosigned by Negron, Ivan MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA		Reg #:	52247-066
Date of Birth:		Sex:	F	Race: BLACK
Note Date:	02/04/2021 12:22	Provider:	Franco, Karina MD	
		Facility:	COL	
		Unit:	F01	

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Franco, Karina MD

chart review for ortho consult

Patient has history of left shoulder pain and had a local injection in office. She will have a f/u.

New Medication Orders:

Rx#	Medication	Order Date
	Meloxicam Tablet	02/04/2021 12:22
	<u>Prescriber Order:</u> 15 Orally - daily x 180 day(s)	
	Indication: Shoulder (pain in joint, shoulder region)	

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Franco, Karina MD on 02/04/2021 12:25

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1970-01-01	Sex:	F
Note Date:	02/08/2021 12:32	Provider:	Race:BLACK Festa, M. APRN
		Facility:	COL
		Unit:	F01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Festa, M. APRN
 Covid testing.

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	02/11/2021 00:00	Routine
Labs requested to be reviewed by:	Negron, Ivan MD		

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Festa, M. APRN on 02/08/2021 12:32

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	1971-01-01	Sex:	F
Note Date:	01/19/2021 14:24	Race:	BLACK
		Provider:	Bonnet-Engebretson,
		Facility:	COL
		Unit:	F01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bonnet-Engebretson, Leonor MD
 MEDICAL TRIP RETURN/ORTHO EVALUATION

New Medication Orders:

Rx#	Medication	Order Date
	Acetaminophen 325 MG Tablet	01/19/2021 14:24
Prescriber Order: 2 TAB Orally Mouth - Two Times a Day PRN x 30 day(s)		
Indication: Shoulder (pain in joint, shoulder region), Low back pain, lumbago, Sciatica, Other disorder of bone and cartilage		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Bonnet-Engebretson, Leonor MD on 01/19/2021 14:26

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: ORDAZ, LAZARA	Sex: F	Race: BLACK	Reg #: 52247-066
Date of Birth: 10/15/1955			Facility: COL
Encounter Date: 01/08/2021 14:27		Provider: Pippin, J. RN	Unit: F01

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Pippin, J. RN

Chief Complaint: Medical Trip Return

Subjective: Inmate returned from Medical trip from Advanced Wellness and Orthopedic Center.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/08/2021	14:49 COX	97.4	36.3		Pippin, J. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/08/2021	14:49 COX	83			Pippin, J. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/08/2021	14:49 COX	16	Pippin, J. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/08/2021	14:49 COX	113/72				Pippin, J. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/08/2021	14:49 COX	98	Room Air	Pippin, J. RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Skin Intact

Head

General

Yes: Symmetry of Motor Function

Eyes

General

Yes: Extraocular Movements Intact

Pulmonary

Observation/Inspection

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	ORDAZ, LAZARA	Reg #:	52247-066
Date of Birth:	12/17/1958	Sex:	F
Note Date:	01/12/2021 15:19	Race:	BLACK
		Provider:	Henderson, Joshua PA-C
		Facility:	COL
		Unit:	F01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Henderson, Joshua PA-C

Inmate is currently in quarantine due to possible exposure to COVID-19 in housing unit and requires two COVID-19 tests for clearance, which will be ordered at this time.

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	Recurring	01/12/2021 00:00	Routine
Labs requested to be reviewed by:	Franco, Karina MD		
Lab Tests-C-COVID-19 Novel Coronavirus	Recurring	01/26/2021 00:00	Routine
Labs requested to be reviewed by:	Franco, Karina MD		

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Henderson, Joshua PA-C on 01/12/2021 15:19

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 11/11/1961	Facility: COL
Encounter Date: 01/08/2021 14:27	Unit: F01

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/08/2021	Counseling	Access to Care	Pippin, J.	Verbalizes Understanding
01/08/2021	Counseling	Plan of Care	Pippin, J.	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes**Telephone/Verbal Order:** Yes **By:** Bonnet-Engebretson, Leonor MD**Telephone or Verbal order read back and verified.**

Completed by Pippin, J. RN on 01/08/2021 14:50

Requested to be cosigned by Bonnet-Engebretson, Leonor MD.

Cosign documentation will be displayed on the following page.

Inmate Name: ORDAZ, LAZARA	Reg #: 52247-066
Date of Birth: 1977-05-22	Facility: COL
Encounter Date: 01/08/2021 14:27	Unit: F01

Yes: Within Normal Limits

No: Apneic, Respiratory Distress

Cardiovascular

Observation

Yes: Within Normal Limits

Abdomen

Inspection

Yes: Within Normal Limits

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate returned from Medical trip from Advanced Wellness and Orthopedic Center. Inmate denies any injury or trauma while out of the facility.

Per returned paperwork:

A NSP was completed, joint access was confirmed with dye and 2 ml of bupivacaine 0.25% and 80 mg depo Medrol was injected. Inmate tolerated procedure well and post injection instructions were given.

Plan: injection as above

increase Mobic 15 mg po q day at mid day med pass x 30 with 3 refills

discuss tx options

follow up 4-6 weeks

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Meloxicam Tablet	01/08/2021 14:27
	<u>Prescriber Order:</u> 15 mg Orally - daily x 30 day(s)	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
1009570-COX	Meloxicam 7.5 MG Tab	01/08/2021 14:27
	<u>Prescriber Order:</u> Take one tablet (7.5 MG) by mouth each day with food (objective findings)	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: new order written	
	Indication:	

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Orthopedic Surgery	02/19/2021	02/19/2021	Routine	No	
Subtype:					
Off Site, non-surgical					

Reason for Request:

Follow up per recommendations

Disposition:

Follow-up at Sick Call as Needed

Discharged to Housing Unit-No Restrictions



Report Status: Final
ORDAZ, LAZARA

Patient Information		Specimen Information	Client Information	
ORDAZ, LAZARA		Specimen: TM253568N Requisition: 9248491 Lab Ref #: 083221666 Collected: 04/22/2022 / 10:27 EDT Received: 04/23/2022 / 05:17 EDT Reported: 04/23/2022 / 10:13 EDT	Client #: 123044 MEADE, JOHN FCI TALLAHASSEE 501 CAPITAL CIR NE TALLAHASSEE, FL 32301-3558	04TA999

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		214 H	<200 mg/dL > OR = 50 mg/dL	TP
HDL CHOLESTEROL	67		<150 mg/dL	TP
TRIGLYCERIDES	58		mg/dL (calc)	TP
LDL-CHOLESTEROL		133 H		TP
Reference range: <100				

Desirable range <100 mg/dL for primary prevention;
<70 mg/dL for patients with CHD or diabetic patients
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins
calculation, which is a validated novel method providing
better accuracy than the Friedewald equation in the
estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

CHOL/HDLC RATIO	3.2		<5.0 (calc)	TP
NON HDL CHOLESTEROL		147 H	<130 mg/dL (calc)	TP

For patients with diabetes plus 1 major ASCVD risk
factor, treating to a non-HDL-C goal of <100 mg/dL
(LDL-C of <70 mg/dL) is considered a therapeutic
option.

COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE		100 H	65-99 mg/dL	

Fasting reference interval

For someone without known diabetes, a glucose value
between 100 and 125 mg/dL is consistent with
prediabetes and should be confirmed with a
follow-up test.

UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE		1.14 H	0.50-0.99 mg/dL	

For patients >49 years of age, the reference limit
for Creatinine is approximately 13% higher for people
identified as African-American.

eGFR NON-AFR. AMERICAN		51 L	> OR = 60 mL/min/1.73m ²	
eGFR AFRICAN AMERICAN		59 L	> OR = 60 mL/min/1.73m ²	
BUN/CREATININE RATIO	13		6-22 (calc)	
SODIUM	135		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	99		98-110 mmol/L	
CARBON DIOXIDE	21		20-32 mmol/L	
CALCIUM	9.9		8.6-10.4 mg/dL	
PROTEIN, TOTAL	8.0		6.1-8.1 g/dL	
ALBUMIN	4.6		3.6-5.1 g/dL	
GLOBULIN	3.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.4		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	



Report Status: Final

ORDAZ, LAZARA

Patient Information		Specimen Information	Client Information
ORDAZ, LAZARA DOB: : AGE: 63 Gender: F Patient ID: 52247-066		Specimen: TM253568N Collected: 04/22/2022 / 10:27 EDT Received: 04/23/2022 / 05:17 EDT Reported: 04/23/2022 / 10:13 EDT	Client #: 123044 MEADE, JOHN

Test Name	In Range	Out Of Range	Reference Range	Lab
ALKALINE PHOSPHATASE	105		37-153 U/L	
AST	20		10-35 U/L	
ALT	12		6-29 U/L	
TSH	2.80		0.40-4.50 mIU/L	TP
T4, FREE	1.0		0.8-1.8 ng/dL	TP
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	4.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.27		3.80-5.10 Million/uL	
HEMOGLOBIN	12.7		11.7-15.5 g/dL	
HEMATOCRIT	36.5		35.0-45.0 %	
MCV	85.5		80.0-100.0 fL	
MCH	29.7		27.0-33.0 pg	
MCHC	34.8		32.0-36.0 g/dL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	296		140-400 Thousand/uL	
MPV	11.1		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	1648		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2112		850-3900 cells/uL	
ABSOLUTE MONOCYTES	332		200-950 cells/uL	
ABSOLUTE EOSINOPHILS		0 L	15-500 cells/uL	
ABSOLUTE BASOPHILS	8		0-200 cells/uL	
NEUTROPHILS	40.2		%	
LYMPHOCYTES	51.5		%	
MONOCYTES	8.1		%	
EOSINOPHILS	0.0		%	
BASOPHILS	0.2		%	

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L HORTIN,MD,PHD, CLIA: 10D0291120

Complex: TAL--TALLAHASSEE FCI	Begin Date: 03/10/2022	End Date: 03/10/2023
Inmate: ORDAZ, LAZARA	Reg #: 52247-066	Quarter: D11-039L

Active Prescriptions

Start: 03/24/22 **Exp:** 09/20/22 **D/C:** 09/19/22 **Pharmacy Dispensings:** 175 CAP in 180 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 261279-TAL **Doctor:** Alexander, M ARNP

Start: 09/19/22 **Exp:** 10/19/22 **D/C:** 09/23/22 **Pharmacy Dispensings:** 30 CAP in 30 days

FLUoxetine HCl 10 MG Cap

Take one capsule (10 MG) by mouth each day *consent form on file * (may increase risk of stomach bleed when taken with meloxicam)

Rx#: 261528-TAL **Doctor:** Du, Tri (MOUD-M) MD/CD

Start: 09/23/22 **Exp:** 09/23/23 **D/C:** 03/21/23 **Pharmacy Dispensings:** 180 CAP in 365 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 209383-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid **continued in transit**

Rx#: 253148-TAL **Doctor:** Meade, John (MOUD) MD/SER Regional Physician

Start: 03/14/22 **Exp:** 04/13/22 **D/C:** 03/24/22 **Pharmacy Dispensings:** 10 TAB in 30 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 253625-TAL **Doctor:** Meade, John (MOUD) MD/SER Regional Physician

Start: 03/24/22 **Exp:** 03/24/23 **D/C:** 09/23/22 **Pharmacy Dispensings:** 192 TAB in 365 days

hydroCHLORothiazide 25 MG Tab

Take one tablet (25 MG) by mouth each day for blood pressure and fluid

Rx#: 261529-TAL **Doctor:** Du, Tri (MOUD-M) MD/CD

Start: 09/23/22 **Exp:** 09/23/23 **D/C:** 03/21/23 **Pharmacy Dispensings:** 180 TAB in 365 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism

Rx#: 209384-MNA **Doctor:** Caldwell, Annette ARNP

Start: 09/14/21 **Exp:** 03/13/22 **D/C:** 03/11/22 **Pharmacy Dispensings:** 180 TAB in 180 days

LevoTHYROXINE Sodium 75 MCG Tab

Take one tablet (75 MCG) by mouth each day on an empty stomach (30 minutes before breakfast) for hypothyroidism
continued in transit

Rx#: 253149-TAL **Doctor:** Meade, John (MOUD) MD/SER Regional Physician